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| A picture containing drawing, light, plate  Description automatically generatedMUTUAL EXCHANGE FORM |
| **MOSSCARE ST VINCENT’S HOUSING OFFICER:** |
|  **APPLICANT** | **JOINT APPLICANT** |
| Name |  |  |
| AddressPostcode |  |  |
| Date of Birth |  |  |
| Current Number of Bedrooms |  |  |
| Phone Number(s) |  |  |
| Email |  |  |
| National Insurance Number |  |  |
| **Details of person you wish to exchange with (NON MSV TENANT ONLY)** |
| Name |  |  |
| Address |  |  |
| Landlord Name  |  |
| Landlord Address |  |
| Housing Officer Name |  |
| Housing Officer Email |  |
| Housing Officer Tel No |  |
| **CURRENT HOUSEHOLD DETAILS**Please list the names of everyone who currently lives with you. DO NOT INCLUDE YOURSELF OR JOINT APPLICANT. |
| **First Name** | **Surname** | **M/F** | **D.O.B** | **Relationship to you** |
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| Is anyone expecting a baby? | Yes ☐ No ☐ |
| If Yes, who? |  | Date Due: |
| **Please enclose proof of pregnancy** |

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| **INCOME** |
| Work Full Time Work Part Time Wholly From Benefits Partly From Benefits Occupational Pension State Pension |
| If working, what it your occupation? |  |
| **APPLICANT/****JOINT APPLICANT** | **INCOME TYPE** | **AMOUNT £** | **FREQUENCY(weekly, monthly etc)** |
|  | Employment |  |  |
|  | Universal Credit |  |  |
|  | Job Seekers Allowance |  |  |
|  | Income Support |  |  |
|  | Incapacity/ESA |  |  |
|  | Child Benefit |  |  |
|  | Child/Working Tax Credit |  |  |
|  | Pension Credit |  |  |
|  | *Other – please state* |  |  |
|  | *Other – please state* |  |  |
|  | *Other – please state* |  |  |
| Do you have any savings?  | Yes ☐ No ☐ If Yes, how much? |
| Do you have a bank account?  | Yes ☐ No ☐  |
| **PETS** |
| Do you own any pets? | Yes ☐ No ☐ |
| If Yes, what are they? |  |
| **DISABILITIES** |
| Autism □Hearing Impairment/Deafness □Vision Impairment/Blindness □Multiple Disabilities □Other Disability/Health Impairment □Mobility/Non Wheelchair □Mobility/Wheelchair User □ | Mental Health □Learning Disability □Orthopaedic Impairment □Speech or Language Impairment □Housebound □Other (please give details below) □ |
| **Other Disabilities Details** |
| **Other relevant information** |
| **12. STATEMENT** |
| There is a contractual basis for Mosscare St Vincent’s Housing Group – based at 7th Floor, Trafford House, Chester Road, Stretford, Manchester, M32 0RS – to collect the personal details required by this form. This information is collected in order that we can manage your tenancy with Mosscare St Vincent’s. For the purposes of sharing data this information may be shared with third parties, for example; business partners, suppliers and sub-contractors for the performance of any contract we enter into with them or you. By completing this form, you accept these terms and conditions. The information is held for 6 years from the latest entry and is then disposed from our computer system.You have a right to request access to, rectification or erasure of, restriction of processing of, to object to processing of your personal data by us and to submit a data portability request by contacting us at the above address. If you believe that your personal data is being processed in any manner which is incompatible with the information provided in this privacy statement, you have a right to lodge a complaint with the UK Information Commissioner’s Office. |
| Applicant |  |
| Joint Applicant |  |
| Date |  |