## Neighbourhood Services

Application for **Mutual Exchange** 

For Office Use Only



Decision		Request granted / request refused			
Signed by East Dunbartons	shire Council		Date		
Please note, you can cousing block capitals.	emplete this form on y	our computer or alternat	ively, print ar	nd complete in ink	
Personal Details					
Name					
Address					
Telephone Number					
Name of Landlord (if <b>NOT</b> East Dunbartonshire Council)					
Household Details	S				
Starting with yourself, plear partner	se list the people who	live in your household an	d their relatio	nship to you eg joint tenant,	
Name	Relationship	Date of Birth		Sex (M/F)	

Exchange Details					
Have you identified an exchange partner yet?	YES / NO				
If Yes					
Exchange Partners Name					
Exchange Partners Address					
Name and address of their landlord (if not East Dunbartonshire Council)					
The date you would like the exchange to be effective from					

Present House Details							
Number of Apartments							
Is your House							
A Flat	A house with stairs			A house v	A house without stairs		
Floor Level of your House	Ground	Ground		First			
Second	Third	Third		Тор			
	•						
What rooms are in your present house?			Living Room				
Living room/kitchen			Separate kitchen				
Dining room			room				
Bathroom with shower		Shov	Shower room				
<u> </u>							
How many bedrooms do you have	e? (Please enter nur	nbers)					
Double Bedrooms		Single	Single Bedrooms				
_		•		•			
Does your house have a garden?	,						
Front Garden Back Garde				Shared Communal Garden			
	•						
Does your house have central heating		YES / NO					
What type of heating does your house have?			GAS / ELECTRIC				
<u> </u>							
Does your house have double glazing?			YES / NO				
Exchange Preference Details							
(you do not need to complete this section if you have already identified an exchange partner)							
Your Preferred Area							
Your preferred house type(s) and floor level			House only – NO Flats				
Flat – Any Floor	Flat – Ground			Flat – First Floor			
Flat Second Floor Flat - Third Floor			Flat – Top Floor		p Floor		
Bathroom Requirements			Bath				
Shower			Either				
House Size (Number of apartments)							
Is your house a tied property? (ie you are employed by the landlord, who has provided the house to enable you to carry out your job)							

Declaration						
I confirm that all of the information supplied is correct. If I am not currently a tenant of East Dunbartonshire Council, I consent to East Dunbartonshire Council obtaining information from my landlord, in order to verify the information I have supplied. I understand that the Council may withdraw any approval it gives, if I have supplied false information.						
Signed by Tenant		Date				
Signed by Joint Tenant		Date				

## **Data Protection Act 1998**

The information provided in this form will be processed by East Dunbartonshire Council in accordance with the Data Protection Act 1998. The data you have provided will be used for processing your enquiry and for statistical purposes.

## Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tel 0300 123 4510

本文件可按要求翻譯成中文,如有此需要,請電 0300 123 4510。

اس وستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براوم پر انی فون نمبر 4510 123 0300 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।