**RIVER CLYDE HOMES - MUTUAL EXCHANGE APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | MX No:  |
|  |  |  |  |  |  |
| **Full name:** | Mr/Ms /Mrs / Miss etc |  |  | **FOR OFFICE USE ONLY** |
| **Address:** |  |  | Date received: |
|  |  |  |  |
|  |  |  | App ref number: |
| **Phone number:** |  |  |  |
| **Name of landlord:**(If not River Clyde Homes tenant)  |  |  | House ref number: |
|  |  |  |  |  | Rent charge: |
| **Family details** |  |  | Size: |
|  | **Name** | **DOB** | **Marital Status** | **Relationship to tenant** |  | Type: |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  | Court expenses  |  |
| 3 |  |  |  |  |  | Rent account |  |
| 4 |  |  |  |  |  | Survey out |  |
| 5 |  |  |  |  |  | Survey back |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  | Agreed? Yes No |
| 8 |  |  |  |  |  | Initialled |  |
| State name and address of Tenant you wish to exchange with: |  |  | **Comments:** |
| Any other tenant participating in this exchange: |  |  |
|  | **I WOULD ADVISE YOU THAT PARTIES TO A MUTUAL EXCHANGE SHOULD ENSURE THAT THE HOUSE THEY ARE MOVING TO FULLY MEET THEIR REQUIREMENTS AND EXPECTATIONS. IT SHOULD BE NOTED THAT RIVER CLYDE HOMES WILL NOT BE RESPONSIBLE FOR FITTINGS, FIXTURES, ADAPTATIONS OR IMPROVEMENTS CARRIED OUT BY THE FORMER TENANT.** |
| Signature of tenant: |  | Date: |  |  |
| Signature of spouse: |  | Date: |  |  |  |