



MUTUAL EXCHANGE REQUEST

ADDRESS:

PROPERTY TYPE:.....

TELEPHONE NUMBER.....

Please give details of your family

First Names	Surname	DOB	Relationship to Tenant
			TENANT
			JOINT TENANT

Tenant with whom you wish to exchange –

ADDRESS:.....

PROPERTY TYPE:.....

TELEPHONE NUMBER.....

First Names	Surname	DOB	Relationship to Tenant
			TENANT
			JOINT TENANT

If the above dwelling is not owned by West Lancashire Borough Council, please give the name and address of the landlord.

Landlords name:Address:.....
.....

Please give the reasons why the exchange is requested:
.....
.....
.....
.....

Have you viewed the property you wish to move to?	Yes	No
Has the tenant you wish to exchange with viewed your property?	Yes	No

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- Notes:
- (1) In the event of the exchange being approved I undertake to occupy the proposed tenancy within seven days of signing the tenancy agreement.
 - (2) I understand that the exchange must not be effected until written notification is received from the Executive Manager Housing Services.
 - (3) I accept the tenancy in its present condition.
 - (4) No expense is to be incurred by West Lancashire Borough Council by reason of this exchange.
 - (5) I understand that should one party to the exchange not move permanently into the dwelling requested, the facts will be reported to the Councils' Legal Department, who may in appropriate circumstances require the other party or parties to the exchange to move back to their original tenancy.
 - (6) I confirm that I have inspected the dwelling of the tenant with whom I wish to exchange and fully understand that I am responsible for repairs/alterations, which are the tenants responsibility and any redecoration. However, any repairs that the Council as landlords are statutorily responsible for will receive attention.

Tenant's Signature:Date:

Joint Tenant's Signature.....Date: