



## APPLICATION FORM FOR MUTUAL EXCHANGE



**HHA** stamp

SIC stamp

Please complete this joint SIC and HHA application form for Housing in Shetland in BLOCK CAPITALS and return it to either:

- Shetland Islands Council—Housing Service, 8 North Ness Business Park, Lerwick, Shetland ZE1 0LZ, or
- Hjaltland Housing Association, 6 North Ness Business Park, Lerwick, Shetland ZE1 0LZ

Guidance on completing the form is given within the Important Information section on appropriate pages. IF YOU REQUIRE ANY HELP IN COMPLETING THE FORM, PLEASE CONTACT EITHER SIC HOUSING ON 01595 744360 OR HOUSING@SHETLAND.GOV.UK, OR HJALTLAND ON 01595 694986 OR MAIL@HJALTLAND.ORG. INFORMATION CAN BE MADE AVAILABLE IN LARGE PRINT OR ON COLOURED PAPER. TRANSLATIONS MAY BE AVAILABLE ON REQUEST.

All information is treated in the strictest confidence and is protected under the Data Protection Act 2018.

We will process the data included in the form in accordance with our Privacy Statements which are available from the internet links below: <a href="https://www.shetland.gov.uk/downloads/file/308/housing-application-and-allocation">www.shetland.gov.uk/downloads/file/308/housing-application-and-allocation</a>

www.hjaltland.org.uk/site/assets/files/2070/privacy notice tenants applicants.pdf

SECTION 1 YOU	JR TENANCY DETAILS				
(a) MAIN TENANT	Date of Birth	(b) JOINT TENANT Date of Birth  Relationship to main tenant			
Title (e.g. Mr etc)					
Title (e.g. wir etc)		Title (e.g. Mr etc)			
Forename(s)		Forename(s)			
Surname		Surname			
Previous		Previous			
Surname		Surname			
Address		Address Same as main			
Postcode Telephone (Home) Telephone (Mobile)		Telephone (Home)			
		(Mobile)			
Telephone (Work)		Telephone (Work)			
E-mail		E-mail			
Please state prefe method i.e. Le		Please state preferred contact method i.e. Letter or Email			
I am a current Shetland Islands Council Tenant I am a current Hjaltland Housing Assoc Tenant  I am a current Hjaltland Housing Assoc Tenant  I am a current Hjlatland Housing Association Tenant					
Received by SIC	Copied to HHA Receiv	ved by HHA Copied to SIC			
Office Use	SIC Application No	HHA 1 Application No			

Have you lived in the	property for at least	12 months?	YES	8	NO		
<b>Do you, or anybody y</b> police under the Sex 03?	<b>rou are applying with</b> , Offenders Act 1997 or S	have to register wit Sexual Offences Act	n YES	3	NO		
Has anyone ever take u are applying with, fo		st you, or a person	YES	S	NO		
) Do you have anyone	living with you?		YES	3	NO		
Forename(s)	Surname	Relationship to you	Date of Birth	Male or Female	Do they live with you now (yes/no)	Will they be rehoused with you?	Child contact if relevant (yes/no)
exchange pregna		ou as part of the	YE: YE:		NO NO		
	atrimonial home?			s			
exchange pregna ) Is this house your ma ) If yes, has your spou quest?	ant ? atrimonial home? se consented to this r	nutual exchange	YES	s	NO		
exchange pregna ) Is this house your ma	ant ? atrimonial home? se consented to this r	nutual exchange	YES	s	NO		
exchange pregna ) Is this house your ma ) If yes, has your spouguest?  ECTION 2 DETAIL	ant ? atrimonial home? se consented to this r	nutual exchange	YES	s	NO		
exchange pregna ) Is this house your ma ) If yes, has your spourquest?  ECTION 2 DETAILS	ant ? atrimonial home? se consented to this r	nutual exchange	YES	s	NO		

lease explain here why you	wish to exchange?			
etails of Person you wish to	exchange with (prop	perty you propose t	to move to):	
Tenant Forename				
Tenant Surname				
nt Tenant Fore-				
int Tenant Sur-				
Address				
Postcode				
Telephone (Home)				
elephone (Mobile)				
E-mail				
Landlord Name			7	
			_	
andlord Address				
Landlord Tel No.			_	
Landlord / Housing Officer email.				
Can you confirm you've vie	ved the proposed pro	perty and are satis	fied that it	
ets you needs?				

## **SECTION 4 DECLARATION**

I/we understand that the information supplied on this form will be used to process my/our application for an exchange. As part of my application for housing, I/we understand that it may be necessary for SIC Housing Service and/or Hjaltland Housing Association to request information from a previous or current landlord, local government departments, social workers, probation officers or the police. I/we hereby authorise and agree to Hjaltland Housing Association and/or SIC Housing Service contacting any of the above to obtain such information as they feel is necessary. Please note that information will only be shared with the relevant landlords involved in the exchange. The privacy notices which explain how we process your information are included below.

www.shetland.gov.uk/downloads/file/308/housing-application-and-allocation

www.hjaltland.org.uk/site/assets/files/2070/privacy notice tenants applicants.pdf

I/we hereby declare that the information I/we have provided on this application is correct. I/we understand that if I/we knowingly or recklessly make any false or misleading statement or withhold any relevant information which induces the Association to approve this exchange then the Association may take action through the courts to recover possession of the tenancy.

I/we hereby confirm that the property I/we propose to move to meets my/our household needs.

I/we hereby authorise Hjaltland & SIC Housing Service and any other landlord to provide any relevant information relating to the conduct of any tenancy held by me and/or joint applicant..

//we have read and understood the declaration above and the Privacy Statements.

\*Please tick this box to agree to terms and conditions.

Signature (if	more than one tenant, both tenants must sign).		
Signature of Main tenant		Date	
Signature of Joint tenant		Date	

The mutual exchange request will only become live once completed applications have been received by all parties.