



# Mutual Exchange Form MXB

**This form is to be completed by the Tenancy Holder  
All questions to be answered in BLOCK CAPITALS**

Before completing the form read through the accompanying Mutual Exchange Information Sheet. Terms and conditions apply. Failure to keep to these terms can lead to an exchange being unsuccessful.

## Section 1: Your Details

### Your Details

	Tenant	Joint Tenant
Full name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>

### Your Family or Household

Please give details of all the people to be housed with you:

	Name	Date of Birth:	Relationship to you:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Your Present Home

Address:

Post Code:

Type of Property: *(Please circle the right one)*

4 Bed House   3 Bed House   2 Bed House   2 Bed Bungalow   2 Bed Flat   1 Bed Flat   Bedsit

**Section 1:Your Details Continued**

Landlord's Address:


**Pets**

Do you have any pets? Please state the type of animal and how many of each animal you own. (If it is a dog please also state the breed)

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**Alterations**

Have you made any alterations to your property? (*Please tick*)

No                       Yes                       If yes, please give details below.

Have you installed your own shower?

No                       Yes                       If yes, please give details below.

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**Access**

Your home will need to be inspected by the Department before your application can be approved.

Please give details below of when access can be arranged.

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Contact telephone number's):

Home:	
Work:	
Mobile:	

## Section 2: Details Of The Person You Wish To Swap With

### Their Details

	Tenant	Joint Tenant
Full name:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>

### Their Family or Household

Please give details of all the people to be housed with you:

	Name	Date of Birth:	Relationship to you:
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Their Present Home

Address:

Post Code:

Type of Property: *(Please circle the right one)*

4 Bed House   3 Bed House   2 Bed House   2 Bed Bungalow   2 Bed Flat   1 Bed Flat   Bedsit

Landlord's Address:

## Your signatures

Before you sign this form please ensure that:

- (a) You have read the Information Sheet that comes with this form.
- (b) You have completed all sections of the form.

### Declaration

I declare that the information supplied by me on this form is correct. I have read the information about mutual exchanges and have understood its contents.

Tenant's Signature:

Date:

Joint Tenant's Signature:

Date:

**Please check that you have filled this form in fully and send it on to your Local Housing Authority.**

### Contact Details

If you have any problems either contact your Local Housing Authority or you can contact the Department of Infrastructure:

Housing Office  
Markwell House  
Market Street  
Douglas  
IM1 2RZ  
Tel: 01624 685955  
E-Mail: housing@gov.im

**If your exchange is successful please inform the Department by letter or e-mail (contact details above). Failure to do so would mean that you remain on the Mutual Exchange database and you may continue to receive requests for an exchange.**

*The following pages are for official use only. Do not attempt to fill in the property inspection sheet yourself.*

# For Official Use Only

<b>Bedroom 3</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....

<b>Bedroom 4</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....

<b>Exterior</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

**Outside Area/Garden:**

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.....

.....

**Inspecting Officer Comments:**

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.....

**Issues of Anti-Social Behaviour: Yes / No** *(if yes, please give details below)*

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.....

.....

.....

**Subject to an ABC Yes/No** *(if yes, please give details below)*

.....

.....

.....

**Have there been any rent arrears in the last six months? Yes /No** *(if yes, please give details).*

.....

.....

**Signed:**

**Date:**

# For Official Use Only— to be completed by the Landlord

## Property Inspection

Housing Officer:

Inspection date:

### Property Inspection - provide photographs if possible

<b>HALLWAY</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC .....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....

<b>Lounge</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC .....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC .....

<b>Kitchen</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....

<b>Bathroom</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....

<b>Bedroom 1</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....

<b>Bedroom 2</b>	Good	Fair	Poor	<i>(give details)</i>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decoration:.....
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many:.....
Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	state if PVC.....