



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

Bedroom 3	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.....

Bedroom 4	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.....

Exterior	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)*

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

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.....

Signed:

Date:

For Official Use Only— to be completed by the Landlord

Property Inspection

Housing Officer:

Inspection date:

Property Inspection - provide photographs if possible

HALLWAY	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.....

Lounge	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

Kitchen	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.....

Bathroom	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.....

Bedroom 1	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.....

Bedroom 2	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.....