

Housing Department, PO Box 2175, Riverside House, Milverton Hill, Royal Leamington Spa CV32 5QE

## **Application for Consent to Mutual Exchange**

(To be completed by a tenant when a possible mutual exchange has been identified and each tenant agrees to the exchange taking place)		
(If you are a joint tenant, both name		
Address:		
Type of Property:(e.g. house, first floor flat, bungalow ea	tc)	
No. of Bedrooms:		
Please complete below the details	of all members of your household,	including yourself:
Name	Date of Birth	Relationship to Tenant (son, daughter, etc)
Do you have any pets which you w	ill be taking with you? If so, please	e give details e.g. cat/dog etc.
Name and Address of <u>your</u> landlor	rd	

PTO

	of the Tenant with whom you wish to exchange:
Name and Address of	of Landlord of above tenant:
Number of bedrooms	s in this property:
Why do you wish to	exchange with this tenant?
	n for the exchange to proceed, when would you like to move, bearing in mind that uncil are allowed 42 days to make a decision.
NB: your new tenand	cy must start on a Monday.
Signature:	
Date:	
To be returned to:	Housing Department Warwick District Council PO Box 2175 Riverside House Milverton Hill Royal Leamington Spa CV32 5QE
For office use only	
Ref No	Type of Property
Tenancy Commence	ed:
Weekly Rent:	
Position of Rent Acc	ount
Date:	