

Housing Services Department, Warwick District Council, Town Hall, Parade, Leamington Spa, CV32 4AT

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) Full Name(s):.... (If you are a joint tenant, both names should be given) Telephone Number for contact: Type of Property:.... (e.g. house, first floor flat, bungalow etc) No. of Bedrooms: Please complete below the details of all members of your household, including yourself: **Date of Birth** Name **Relationship to Tenant** (son, daughter, etc) Do you have any pets which you will be taking with you? If so, please give details e.g. cat/dog etc. Name and Address of **your** landlord

| Name and Address of the Tenant with whom you wish to exchange: | |
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| Name and Address o | of Landlord of above tenant: |
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| | |
| Number of bedrooms | s in this property: |
| Why do you wish to e | exchange with this tenant? |
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| | 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 Services Department, Warwick District Council, Town Hall,Parade, Leamington Spa, CV32 4AT |
| For office use only | Department, Warwick District Council, Town Hall,Parade, Leamington Spa, |
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| Ref No | Department, Warwick District Council, Town Hall,Parade, Leamington Spa, CV32 4AT Type of Property. |
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| Ref No Tenancy Commence Weekly Rent: | Department, Warwick District Council, Town Hall,Parade, Leamington Spa, CV32 4AT Type of Property. |