



Ref No. \_\_\_\_\_

**Adults and Housing Services**

Paul Najsarek

Corporate Director

**MUTUAL EXCHANGE REGISTRATION FORM**

Name: ..... Date of Birth: .....

Address: .....

..... Postcode .....

Telephone Number: 020 ..... mobile no: .....

Email address: .....

**FAMILY COMPOSITION** (those currently living with you)

Surname	First Names	Relationship (e.g. wife, son etc)	Date of Birth

**PRESENT ACCOMMODATION**

House/ flat/ maisonette/ bungalow/ bed-sit..... Number of bedrooms.....

Is there a garden: front/ rear/ both.....

Is there a lift:.....

If your property is a flat or maisonette on which floor level is it located:.....

Type of heating: (e.g. gas)..... Cooking: gas/ electric/ both.....

Gross weekly rent: £.....

Name & address of your landlord:.....

Additional Info.....

**REQUIREMENTS**

What type of accommodation would you consider moving to:

House/ flat/ maisonette/ bungalow/ bed-sit/ sheltered. (If flat or maisonette highest floor level).....

To which areas of the Borough do you wish to move:.....

How many bedrooms do you need:.....

Other Requirements.....

.....

**IMPORTANT**

I understand that my name will remain registered at the discretion of the Council for a period of six months unless I request its earlier removed or an extension of the registration at six monthly intervals.

Completion of this application will be taken as authority for interested parties to be referred to the applicant's home without prior notification.

No mutual exchange may take place without the written consent of the Council.

**PLEASE NOTE: Family Composition section is for office use only, and not for display in a public area.**

SIGNATURE/S OF TENANT/S:.....

DATE:.....

Harrow Council, Adults and Housing Services, PO Box 65, Civic Centre, Station Road Harrow HA1 2XG

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