# INDUSTRIAL DWELLINGS SOCIETY EST 1885

# Mutual Exchange Application Form

# Application for Permission to Exchange Accommodation

Name in Full: (Mr/Mrs/Ms)		Phone number			
Address					
Accommodation Occupied:					
Flat/Maisonette on	Floor (s)	Number of bedrooms			
Date tenancy commenced		Inclusive Weekly Rent			
		£			
Please list all family members currently resident with you (Include yourself in this list)					
Full name	Date of birth	Relationship to applicant			
Full name	Date of birth	Relationship to applicant			
Full name	Date of birth	Relationship to applicant			
Full name	Date of birth	Relationship to applicant			
Full name	Date of birth	Relationship to applicant			
Full name	Date of birth	Relationship to applicant			

#### If anyone not currently resident with you will be moving in with you, please list their details below

Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant

Please give your reasons for seeking this exchange

Please give the full name & address of the tenant with whom you wish to Exchange:

Name in Full: (Mr/Mrs/Ms)

Phone number

Address

# Please list all family members currently resident with the tenant who are intending to move with them (Include the Tenant)

Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant

### If anyone not currently resident with the tenant will be moving with them, please list their details below

Full name	Date of birth	Relationship to applicant
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Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant
Full name	Date of birth	Relationship to applicant

#### Please give the Name & Address of the landlord of the Tenant with whom you wish to Exchange:

Name in Full: (Mr/Mrs/Ms)

Phone number

Address

Signature

Date:

Please supply all the information requested and return this form to:

The Allocations and Lettings Coordinator, IDS, 143 Stoke Newington Road, London N16 8BP