



Are you a member of staff or committee member or are you related one? Yes  No

If Yes, please give details:

### Tenant you wish to exchange with

Name:

Address:

Postcode:

Home Tel No:

Mobile No:

Email:

Name of Landlord:

Your reason for applying for an exchange:

### DECLARATION

I / We certify that the information provided in this application is true and I understand that any false or misleading information may result in the tenancy granted to me through this application being terminated.

I / We give consent to Queens Cross Housing Association making enquiries with my current landlord to confirm that the circumstances given in this form are correct and to obtain a tenancy report.

**I / We agree not to move house until approval is given and a lease agreement has been signed.**

Signature of tenant \_\_\_\_\_ Date: \_\_\_\_\_

Joint / Tenant \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed form to:

Queens Cross Housing Association, 45 Firhill Road, Glasgow G20 7BE

OFFICE USE ONLY	Date	Signed
Form received		
Rent check		
Tenancy check		
Approved / Refused		
Reason		