

Mutual Exchange Information

Application Fee

A £100 payment from each Coastline Housing customer taking part in an exchange must be made before the process is started. This fee is broken down as follows:

- £25 administration fee
- £75 safety check fee

This payment is required before Coastline Housing will start the mutual exchange process.

The £25 administration fee is non-refundable should any party including Coastline Housing cancel the exchange at any time.

The £75 safety check fee is only refundable if the exchange is cancelled by any party including Coastline Housing prior to the safety checks being carried out.

For further information, please request to see our Mutual Exchange Policy.

It is important that you check your eligibility to move prior to making an application, and that the people involved in the exchange are committed to moving.

Rent in Advance

All new tenancies with Coastline Housing require one months rent in advance to be paid. This payment will need to be made before the exchange is completed.

Section 106 Agreements

This is a restriction imposed by Cornwall Council to ensure customers have a local connection to the property into which they intend to move.

Evidence will be required from the customer to prove their eligibility to satisfy the s106 Agreement. (such as utility bills, Council Tax bills to evidence **each year** of the **s106** qualifying period)

Please note, all s106 Agreements are different and not all properties have this restriction. We will be happy to advise you whether or not you will need to meet this requirement. If you do not meet the requirement of the specific s106 Agreement, you will not be able to move into the property.

Mutual exchanges - gas appliances

Important customer information – please keep this page of the form.

Gas appliances that the customer has purchased and has had installed in their home, such as gas cookers, gas fires etc. must not be left at the property for the new customer unless:

- It has been purchased by the incoming customer for a nominal fee
- The incoming customer has advised us in writing that they have purchased a gas appliance from the person with whom they are exchanging
- The incoming customer details in writing that they accept full responsibility for the items that they have purchased
- The purchase cost of the item is detailed in their correspondence.

All customer owned gas appliances that are going to be either removed or disposed of, have to be disconnected and the supply capped off by a registered Gas Safe engineer, and a certificate supplied.

If an appliance is not required by either the incoming or outgoing customer, it will be removed by Coastline and the cost will be re-charged to the outgoing customer.

Coastline is not responsible for these items and will not repair or replace them in the future.

All customer owned gas appliances will, during the annual service visit, have a safety check carried out on them, in-line with the gas safety (Installation & Use) Regulations 1998. If any faults or issues are identified, the customer will be informed, and the appliance shut down and capped off, and all repairs will be the responsibility of the customer.

Have you ever been served with a Notice to Seek Possession?	YES / NO
If YES , why?	

For Office use Only	
Date acknowledged:	Date on Spreadsheet:

PETS

Do you have any pets? **YES / NO**

If YES, what?

Who do you wish to mutually exchange with?

Name:	<input style="width: 600px; height: 20px;" type="text"/>		
Address:	<input style="width: 600px; height: 20px;" type="text"/>		
	<input style="width: 600px; height: 20px;" type="text"/>		
	<input style="width: 600px; height: 20px;" type="text"/>		
Postcode:	<input style="width: 600px; height: 20px;" type="text"/>		
Tel No:	<input style="width: 150px; height: 20px;" type="text"/>	Mobile No:	<input style="width: 150px; height: 20px;" type="text"/>
E-mail address:	<input style="width: 600px; height: 20px;" type="text"/>		
Which association or council is their landlord?	<input style="width: 500px; height: 20px;" type="text"/>		
Who is their Housing Manager?	<input style="width: 500px; height: 20px;" type="text"/>		

Customer Profiling

Coastline is committed to Equality and Diversity.

As part of our commitment to you we regularly carry out reviews of the information that we hold to ensure that it is accurate and up to date. It enables us to tailor our services accordingly and to assist in the breakdown of any discrimination which may exist within your community.

All details are kept in the strictest confidence, in accordance with the Data Protection Act.

In case of an emergency, we may need to contact your next of kin, or your designated emergency contact.

Please could you give us up to date details:	
Next of Kin Name	
Next of Kin Address	
Next of Kin Contact Number(s)	
Are they a keyholder? (Y/N)	
Emergency Contact Name	
Emergency Contact Address	
Emergency Contact Number(s)	
Are they a keyholder? (Y/N)	

How would you describe your ethnic group?

Please put an X in the relevant box(es) below										
	Household Member (from Section B)									
	A	B	C	D	E	F	G	H	I	J
White: British										
White: Cornish										
White: Irish										
White: Other										
Mixed: White & Black Caribbean										
Mixed: White & Black African										
Mixed: White & Asian										
Mixed: Other										
Asian/Asian British: Indian										
Asian/Asian British: Pakistani										
Asian/Asian British: Bangladeshi										
Asian/Asian British: Other										
Black/Black British: Caribbean										
Black/Black British: African										
Black/Black British: Other										
Chinese										
Other ethnic group: (please state)										

Prefer not to say	

How would you describe your religion or belief?

Please put an X in the relevant box(es) below										
	Household Member (from Section B)									
	A	B	C	D	E	F	G	H	I	J
Christian										
Buddhist										
Hindu										
Jewish										
Muslim										
Sikh										
Other Religion (please state)										
No religion										
Prefer not to say										

How would you describe your sexual orientation?

Please put an X in the relevant box(es) below										
	Household Member (from Section B)									
	A	B	C	D	E	F	G	H	I	J
Heterosexual/Straight										
Gay Man										
Gay Woman/Lesbian										
Bisexual (attracted to people of both sexes)										
Prefer not to say										
Other (please state)										

Do you consider anyone in your household to have a disability?

Please put an X in the relevant box(es) below										
	Household Member (from Section B)									
	A	B	C	D	E	F	G	H	I	J
Considered to be disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide further details :

Delivering the Service

Do you consider anyone in your household to be vulnerable or in need of support for any of the following reasons?

Please put an X in the relevant box(es) below										
	Household Member (from Section B)									
	A	B	C	D	E	F	G	H	I	J
Hearing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight/Visual difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning or Literacy difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in managing finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)										

What is the best way to contact you?

Please put an X in the relevant box below		
Telephone	<input type="checkbox"/>	Number to Use
Email	<input type="checkbox"/>	Email Address
Letter	<input type="checkbox"/>	
Home Visit	<input type="checkbox"/>	
Social Media Please give details	<input type="checkbox"/>	
Through Support Worker	<input type="checkbox"/>	Please give details
Through relative	<input type="checkbox"/>	

When we visit you in your home, are there any special requirements?

Please put an X in the relevant box(es) below	
Arrange an appointment	<input type="checkbox"/>
Telephone before visit to confirm date and time	<input type="checkbox"/>
Knock loudly	<input type="checkbox"/>
Wait at least 5 minutes for someone to answer	<input type="checkbox"/>
Go next door (we will contact you for details)	<input type="checkbox"/>
Contact Support Worker before visit (we will contact you for details)	<input type="checkbox"/>
Leave contact details after visit	<input type="checkbox"/>
Other (For example, if you work would you prefer a visit after 5pm) Please state:	<input type="checkbox"/>

When we telephone you, are there any special requirements?

Please put an X in the relevant box(es) below	
Wait at least a minute for someone to answer	<input type="checkbox"/>
Please leave a message on my answer phone	<input type="checkbox"/>
Please telephone me in the mornings	<input type="checkbox"/>
Please telephone me in the afternoons	<input type="checkbox"/>
Please telephone me after 5pm	<input type="checkbox"/>

Telephone at any time	<input type="checkbox"/>
Do not contact me by telephone	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

If we contact you in writing, what format would you prefer?

Please put an X in the relevant box below	
Standard print	<input type="checkbox"/>
Large print	<input type="checkbox"/>
Email	<input type="checkbox"/>
Emailed link to document on website	<input type="checkbox"/>
Audio/CD	<input type="checkbox"/>
Braille	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

If English is not your first language, please indicate, in the box below, the language you would prefer Coastline to use when sending you information

Please indicate your preferred language

8. Do you have internet access? Yes/No (Please circle)

9. Do you have access to your own transport? Yes/No (Please circle)

10. Are you a member of a Resident Association or other community group? If not, would you like to find out how you can get involved?

Please put an X in the relevant box(es) below	
I am a member of a Resident Association or other community group (please give details)	<input type="checkbox"/>
I would like to find out how I can get involved in improving services (please send me information)	<input type="checkbox"/>

Your Finances

In this section, we would like you to give us details of your finances, including other debts and commitments upon your income, so that we can assist you in managing your financial affairs. You may agree that this is particularly relevant at this time, with the so called ‘credit crunch’ affecting so many of us in meeting our day to day bills.

Many of our customers have outstanding debts with banks, through catalogues and doorstep lenders. It is often the case that these loans are taken out at high levels of interest. The following questions will allow us to gauge the number of customers with these types of debts, so we may be able to help you to reduce your debts and find cheaper forms of borrowing.

Are you, or another member of your household currently paid any of the following benefits?

Please put an X in the relevant box(es) below	
Housing Benefit	
Employment & Support Allowance (ESA)	
Income Support	
Job Seekers Allowance	
Disability Living Allowance (DLA)	
Personal Independence Payment (PIP)	
Child Tax Credits	
Working Tax Credits	
Universal Credit	
Incapacity Benefit	
Pension Credit	
Private Pension	
Attendance Allowance	
Child Benefit	
Carers Allowance	
Widows Benefit	
Severe Disablement Allowance	
Other Benefits (please state)	

Do you have any County Court Judgements? Yes/No (please circle)

Do you have a bank account? Yes/No (please circle)

Do you currently work? (please circle as appropriate)

Full Time / Part Time / Volunteer / Carer/ Retired / Not working/ Student

If you are working, who is your employer?

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So that we can support our customers, it is helpful for us to know about any debts that you may have. Please place a X in the appropriate box(es) if you or another member of your household owes money to any of those listed below. Please note we do not need to know amounts owed.

This information will be treated in strictest confidence and under the terms of the Data Protection Act. We will not share this information with any other person/organisation and access to the information by Coastline staff will be strictly controlled.

Please put an X in the relevant box(es) below	
Bank/Building Society	
Catalogues	
Doorstep Lenders (for example; Provident, Shopacheck, Greenwood)	
Loans from High Street Lenders	
Logbook loan	
Credit Cards	
Store Cards	
Utilities (electric/gas/water/telephone)	
Council Tax	
Consolidation Loan	
Any others (please state)	
Prefer not to say	

Customer Declaration

I/we further declare that the information I/we have given in this survey is correct and freely given.

I/we give Coastline permission to use the information contained in this survey to ensure services delivered are designed to suit my/our needs.

Your personal details will be processed in accordance with the law, under the Data Protection Act 1998.

Conditions Relating to Mutual Exchanges

1. Coastline Housing Ltd reserves the right to refuse any application.
2. Coastline Housing Ltd will not be liable for any costs incurred if an application is refused for whatever reason.
3. No arrangements to move should be made until the Company gives official written confirmation.
4. Coastline Housing Ltd will apply to your landlord for a detailed tenancy reference.
5. You will become wholly liable and responsible for the property to which you mutually exchange. You are therefore strongly advised to view the property.

You will not be eligible to apply to the Company to transfer for a period of 12 months following the exchange.

Declaration

- I have read the above conditions and accept them in full.
- I confirm that the information given on this form is correct.

Signed: Dated:

Please return this form to:

Coastline Housing Ltd
Coastline House
Barncoose Gateway Park Telephone: 01209 200200
Redruth
Cornwall
TR15 3RQ