



**Is it your home? (tick relevant box)**

House  Maisonette  Bungalow  Flat  Conversion

How many bedrooms are there in your property?

What floor is your property on?

Does your property feature a lift?  
Yes  No

Do you or someone moving with you own or jointly own a home? (including shared ownership?)  
Yes  No

Do you receive housing benefit?  
Yes  No

Please state whether this is a: two-way exchange  or multi swap exchange

**Please ensure all exchange partners have completed the ISLINGTON COUNCIL mutual exchange form or your application will not be considered.**

**Name and address of your proposed exchange partner:**

Last name(s):  First name(s):

Telephone:  Date of birth:

Address:   
 Post code:

**Name and address of their landlord: (NB: please state the housing office)**

Name:

Telephone:

Address:   
 Post code:

**How did you find your exchange partner? (E.g. HomeSwapper.co.uk etc)**

**Why do you wish to move?**

# Confidentiality and Declaration

## Confidentiality

The information you provide on this form is confidential. However, to process your application we may share and request information with other agencies (for example other councils, Registered Social Landlords, your landlord, Social Services, doctors, government departments and the police).

Please note:

1. You must tell us immediately if any of the details you have given on this form change.
2. We will check the information you provide.
3. We will consider legal action against you if you (or anyone acting on your behalf) knowingly provides false information.
4. We may use the information you have provided to help detect and prevent fraud.

## Declaration

Please be aware that it is a criminal offence to give false information. If you tell us something that we later find to be false, we may prosecute you. If you have already obtained housing we may also institute possession proceedings and you may lose your new home.

I have read and accept the notes above concerning my responsibilities to provide accurate information and also the Council's use of this information.

The information I have given on this form is true. I will tell you immediately about any changes to my household details, housing circumstances or any other information provided on this form.

I give my consent for Islington Council to view my tenancy file. (Please tick box)

### Applicant 1

Name.....

Signature.....

Date.....

### Signature of joint applicant (if applicable)

Name.....

Signature.....

Date.....

# Equalities Monitoring Information Form

The information you provide us with will be used to improve our services. These are standard questions we ask but if you do not wish to answer, that's fine. The information which you provide on this form will be kept in accordance with the Data Protection Act 1998.

## Gender:

Female  Male  Non-binary  Prefer not to say

I use another term, please provide this here.....

## Do you consider yourself to be trans or to have a trans history?

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex and/or gender / that which they were assigned at birth.

No  Yes  Prefer not to say

## Age:

Under 16  16-24  25-44  45-64  65+  Prefer not to say

## Disability:

Do you have any physical or mental health conditions, impairments or illnesses lasting or expected to last for 12 months or more?

No  Yes  Don't know  Prefer not to say

If yes, are your day-to-day activities limited because of your condition, impairment or illness?

Yes, a lot  Yes, a little  No  Prefer not to say

If yes, please select all that apply:

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Vision (e.g. blindness or partial sight)   | <input type="checkbox"/> | Mental health condition  | <input type="checkbox"/> |
| Deaf / British Sign Language User          | <input type="checkbox"/> | Non visible health condition/ impairment (i.e. cancer, HIV)  | <input type="checkbox"/> |
| Hearing (e.g. deafness or partial hearing) | <input type="checkbox"/> | Socially or behaviourally (e.g. associated with autism spectrum disorder, or attention deficit hyperactivity disorder) | <input type="checkbox"/> |
| Physical (e.g. mobility or dexterity)      | <input type="checkbox"/> | Other, please specify.....   |                          |
| Learning, understanding or concentrating   | <input type="checkbox"/> |  |                          |
| Memory                                     | <input type="checkbox"/> | Prefer not to say  | <input type="checkbox"/> |

## Religion or Belief:

- |           |                          |                   |                          |
|-----------|--------------------------|-------------------|--------------------------|
| Buddhist  | <input type="checkbox"/> | No religion       | <input type="checkbox"/> |
| Christian | <input type="checkbox"/> | Rastafarian       | <input type="checkbox"/> |
| Hindu     | <input type="checkbox"/> | Sikh              | <input type="checkbox"/> |
| Jewish    | <input type="checkbox"/> | Other             | <input type="checkbox"/> |
| Muslim    | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

## Sexual Orientation:

- Bisexual     Heterosexual/Straight     Gay     Lesbian     Prefer not to say
- I use another term, please provide this here .....

## Ethnicity:

Please tick the appropriate box to indicate your ethnic background.

### A White

- British
- Irish
- Turkish/Turkish Cypriot
- Greek/Greek Cypriot
- Kurdish
- Gypsy/Traveller
- Prefer not to say
- Any other White background: .....

### B Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Prefer not to say
- Any other Mixed background: .....

### C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi

- Chinese
- Prefer not to say
- Any other Asian background: .....

### D Black or Black British

- Caribbean
- Somali
- Eritrean
- Nigerian
- Ghanaian
- Other African
- Prefer not to say
- Any other Black background: .....

### E Other Ethnic Groups

- Arab
- Latin American
- Prefer not to say
- Any other background: .....