

I

Full Name of Tenant	Full Name of Joint Tenant (if applicable)
Date of Birth	Date of Birth
National Insurance Number	National Insurance Number
Contact Telephone Number	Contact Telephone Number
Contact Email Address	Contact Email Address
	Contact Email Address

Current Address			

Household members details of who will be moving with you:			
Name	Date of Birth	Gender	Relationship to tenant(s)

Current Landlord Name	Current Property Type
Current Landlord Telephone Number	Number of Bedrooms in Current Property
Current Landlord Email Address	Date Tenancy Commenced
Current Neighbourhood Officer Name	Currently Tenancy Type

Does anyone in your household have any disabilities	
If yes, please give details	
Do you have any pets?	



Reason for moving?

Any other information relevant to your application

Who are you looking to exchange with?		
Full Name of Incoming Tenant	Full Name of Incoming Joint Tenant (if applicable)	
Current Address of Incoming Tenant		
Current Incoming Tenant Landlord		

Please sign below to give Saffron Housing Trust permission to discuss your tenancy with your current landlord or the landlord that you will be moving to.

Outgoing Tenant Signature	
Date	
Outgoing Joint Tenant Signature	
Date	
Incoming Tenant Signature	
Date	
Incoming Joint Tenant Signature	
Date	

Please ensure one form is completed per household and then return all completed forms together to <u>lettings@saffronhousing.co.uk</u> by email. Alternatively, you can return it by post or in person to: Lettings, Saffron Housing Trust, Saffron Barn, Swan Lane, Long Stratton, NR15 2XP