



# Mutual Exchange Confirmation and Approval

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by tenants to confirm that they have found a mutual exchange and to seek approval for the exchange. Please return the completed form to the Client Service Officer of applicant 1. For information or assistance with this form, contact **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a  If you need more room to answer any question, please include details on a separate page and attach it to this form.

## Details of Applicant 1

Payment reference number

Client reference number

T-File number

Title

Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town or Suburb

Postcode

Phone

Mobile

Email

## Details of Applicant 2

Payment reference number

Client reference number

T-File number

Title

Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town or Suburb

Postcode

Phone

Mobile

Email

## Confirmation of mutual exchange (to be signed by both applicants)

I/We understand that an inspection of my/our dwelling/s will be conducted by the Department of Family and Community Services (FACS) staff to determine any damage to my/our premises beyond reasonable wear and tear.

If there is such damage, an agreement may be made to repay FACS for such damage and that agreement to repay is a term of my/our new agreement pursuant to *section 19B of the Residential Tenancies Act*.

If no agreement can be reached, FACS reserves the right to have the damage determined by the NSW Civil and Administrative Tribunal prior to any exchange taking place.

I/We have been advised that exchange of properties may result in rental variations to that I/we currently pay.

I/We understand that the exchange will only be approved if both households meet the eligibility requirements.

If my/our current lease is for a continuous term, I/we acknowledge that the new lease upon exchange shall be for a continuous term.

If my/our current lease is for a fixed term, then I/we acknowledge that the term for my/our new lease upon exchange shall be determined as the balance of the term under my/our current lease, or a new fixed term as may be provided under FACS policy.

I/We also undertake not to arrange for removalists or move until the exchange is approved by FACS and new Tenancy Agreements have been signed by both of us.

I/We have been advised that exchange of properties may result in rental variations to which I/we currently pay.

I/We have not been offered money, favours or other benefits of any kind to apply for a mutual exchange.

## General information about privacy

### FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

### Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

**Notice:** Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

### Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

**Note:** It is illegal for an officer of FACS to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs.

It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to an officer of FACS in exchange for helping you.

If you have any information regarding this, please contact the Business Assurance Unit on 1800 806 206. FACS may refuse the provision of further housing services to anyone who has engaged, or sought to engage, in corrupt or illegal conduct.

<b>Applicant 1</b>	Full name (please print)	<input type="text"/>
	Signature	<input type="text" value="X"/>
	Date	<input type="text" value="DD / MM / YYYY"/>

<b>Applicant 2</b>	Full name (please print)	<input type="text"/>
	Signature	<input type="text" value="X"/>
	Date	<input type="text" value="DD / MM / YYYY"/>

**Office Use Only**  
**Assessment and decision**

**Applicant 1**

**Applicant 2**

**1. Is the rent account current?**

Yes  No  
give details


**1. Is the rent account current?**

Yes  No  
give details


**2. What is the account balance?**

\$

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\$

**3. Is the tenancy satisfactory?**

Yes  No  
give details


Date property inspected

**3. Is the tenancy satisfactory?**

Yes  No  
give details


Date property inspected

**4. Is the family complement appropriate?**

Yes  No  
give details


**4. Is the family complement appropriate?**

Yes  No  
give details


**5. Is the property AHO, SEPP5 or Senior Communities?**

Yes  No  
Go to question 8

**5. Is the property AHO, SEPP5 or Senior Communities?**

Yes  No  
Go to question 8

**6. Change of AHO status required?**

Yes  No  
Go to question 8

**6. Change of AHO status required?**

Yes  No  
Go to question 8

**7. Approval to change status?**

Yes  No  
give details

[Empty text box for details]

**7. Approval to change status?**

Yes  No  
give details

[Empty text box for details]

**8. Is the current lease continuous?**

Yes → Go to decision section  No  
give details of review date

[Empty text box for details]

**8. Is the current lease continuous?**

Yes → Go to decision section  No  
give details of review date

[Empty text box for details]

**9. Will the mutual exchange take place during lease review?**

Yes  No  
Tenant receives the balance of their current lease in the new tenancy

**9. Will the mutual exchange take place during lease review?**

Yes  No  
Tenant receives the balance of their current lease in the new tenancy

**Decision**

- Mutual exchange is approved
- Mutual exchange is declined
- Tenant is signed to a new lease for the term projected for their next tenancy
- Tenant is signed to a continuous lease

Reason for declining exchange

[Empty text box for reason]

Full name (please print)

[Empty text box for name]

Signature

[Empty text box for signature]

Date

DD / MM / YYYY

**Decision**

- Mutual exchange is approved
- Mutual exchange is declined
- Tenant is signed to a new lease for the term projected for their next tenancy
- Tenant is signed to a continuous lease

Reason for declining exchange

[Empty text box for reason]

Full name (please print)

[Empty text box for name]

Signature

[Empty text box for signature]

Date

DD / MM / YYYY

**Complete this section only if the exchange has been approved**

Proposed sign up date

DD / MM / YYYY

Location of sign up

Proposed sign up date

DD / MM / YYYY

Location of sign up

Void reference number

Void reference number

Balance after voiding

Balance after voiding

\$

\$

Tenant's new payment reference number

Tenant's new payment reference number