

INFORMATION THAT MUST BE RETURNED WITH YOUR APPLICATION FORM

- A recent passport sized photo of you and your partner - please write on the back of each photo your surname, date of birth and a signature
- If you have sold any property within the last 5 years - details of the equity received from the sale, i.e. a letter from the solicitor, completion statement, etc.
- If you are a tenant of another Council or Housing Association - confirmation on their headed paper showing the balance of your rent account, any legal action taken and confirmation that they are happy for you to move

We will return your application to you if we receive it without ALL the relevant information

Send your completed form to The Homechoice Team, Reading Borough Council, Civic Offices, Bridge Street, Reading RG1 2LU or, if you would like us to check you have filled your form in correctly please bring it in to the Civic Offices reception.

Reason for application

Please tick all boxes that reflect your reasons for applying for housing:

- Living in overcrowded or unsatisfactory conditions
- Medical condition or welfare issue affected by current accommodation
- Need to move to a specific area of the borough to avoid hardship or to care for a relative
- Accepted as "Statutory Homeless" by Reading Borough Council
- None of the above

The Homechoice Team will assess your application to confirm whether any of the above apply to you. If none of these apply it is unlikely that you will be successful bidding for accommodation - you may wish to consider other options - see page 22.

Advocate

If you are happy for us to discuss your application with someone on your behalf please complete the following:

Name	Relationship to you (sister, friend etc.)	Their contact details

Homechoice Application

You **MUST** answer **ALL** questions on this form in full and give **ALL** the information required. If a question does not apply you **MUST WRITE N/A** beside it to show you haven't missed it. Please use **BLOCK CAPITALS** and **WRITE CLEARLY**.

Your personal details

Surname/Family Name:

Date of Birth:

Any other surname used:

First Name:

Mr

Mrs

Ms

Miss

Address or C/O address:

Postcode:

National Insurance No:

Date moved here:

Home Tel:

Work Tel:

Mobile:

Email Address:

You must provide an email address

Your partner's personal details (if applicable)

Surname/Family Name:

Date of Birth:

Any other surname used:

First Name:

Mr

Mrs

Ms

Miss

Address or C/O address:

Postcode:

National Insurance No:

Date moved here:

Home Tel:

Work Tel:

Mobile:

If you have provided a c/o address for you or your partner please ask the owner/occupier of that address to sign below in agreement that they are happy for this to be used as your postal address (this information will be verified):

Name:

Signature:

Your Family

1. Please complete for everyone who will be moving with you, including only those who are eligible.

Are you eligible?

- You are eligible for a Council or Housing Association home if you hold a British, Republic of Ireland, Channel Islands or Isle of Man passport and have always lived in one of these Countries (known as the Common Travel Area, CTA). If you are from a European Country you will need to provide proof that you are eligible as demonstrated in the Eligibility Codes table.
- If you are subject to immigration control or a British Citizen who has recently returned to the CTA following residence outside of those Countries you may not be eligible for accommodation via the Homechoice Scheme. *Please sign the Eligibility Declaration on page 21.*

Title	Surname	First Name	Date of Birth dd/mm/yy	Relation- ship to you	Country passport was issued	Eligibility	Ethnic Origin	Disability	Work Status	Sexuality	Religious Belief
						Please use codes from relevant table					
Mr	Bloggs	Joe	01/01/90	Self	Britain	N/A	1	NON	FULL	PNS	FULL
				Self							

Equalities Statement

Everyone who lives, works or visits Reading Borough Council has the right to expect excellent services from us. We understand the diversity of our customers and need to ensure that the services we provide are fair, equal and accessible to all. By collecting this information we can shape our services so we are able to meet the expectations of our customers.

Eligibility Codes - if you hold a British Passport please mark N/A

If you are from within the European Union		If you are from outside the European Union	
Countries:	Austria, Belgium, Bulgaria, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Malta, Romania, Portugal, Ireland, S. Cyprus, Spain, Sweden, Czech Rep., Estonia, Hungary, Latvia, Lithuania, Poland, Slovenia, Slovakia	Countries:	Any other not listed previously
Which one of the following can you prove?		Which one of the following can you prove?	
EUWORK	You hold workers status	RPF	Recourse to public funds
EUUK5	Lived in UK for 5 consecutive years	ILR	Indefinite leave to remain
EUBEN	You claim housing benefit/income support/JSA	ASY	Asylum/Refugee status

Ethnic Origin Codes

White	Mixed	Asian/Asian British	Black/Black British	Chinese/Other	Gypsy/Traveller
1 British/English/Scottish/Welsh/Northern Irish	4 White/Black Caribbean	8 Indian	12 Caribbean	15 Chinese	17 Romany Gypsy
2 Irish	5 White/Black African	9 Pakistani	13 African		18 Gypsy/Irish Traveller
3 Other White	6 White/Asian	10 Bangladeshi	14 Other Black		19 Arab
	7 Other Mixed	11 Other Asian		16 Other - please specify	REF QUESTION REFUSED

Disability Codes

B Blind, or partially blind	LD Learning disability
D Deaf, or partially deaf	MH Mental Health Issues
PD Physical disability	O Other - please specify
MWC Mobility problems- wheelchair user	PNS Prefer not to say
M Mobility problems- non wheelchair user	NON No Disability

Work Status Codes

FULL Full time employment	PART Part time employment
RET Retired	SEMP Self employed
ISO Income support/other	SIC Unable to work due to sickness
MAT Maternity benefit	STU Student
UNEP Unemployed	OTH Other - please specify

Sexuality Codes

HET Heterosexual	GAYF Lesbian
GAYM Homosexual	BIS Bisexual
TRG Transgender	PNS Prefer not to say
OTH Other - please specify	

Religious Belief Codes

BUD Buddhist	CHR Christian	HIN Hindu
JEW Jewish	MUSL Muslim	SIK Sikh
OTH Other - please specify	PNS Prefer not to say	NON No religion

2. If anyone on this list is expecting a baby please say who and give the due date:

Who? Date due: / /

3. If anybody listed in Question 1 does not currently live with you or has not always lived with you please provide the following information:

Name	Full address, including postcode	Is this their current address or their previous address?	Date they moved to in with you, if applicable	Reason for not living with you, if applicable

4. If you have joint care arrangements for your children please state how often they stay with you.

No. days Weekly Fortnightly Monthly Holidays

5. Are you expecting other changes to your household (such as a child moving in or out or you have a child in care)? YES NO

Please provide details and the name and phone number of your contact in Children's Services

6. Have you been approved as a foster carer or for adoption? YES NO

Please provide details and the name and phone number of your contact in Children's Services:

7. Please give the names and addresses of immediate family who have lived in Reading for 5 or more years including their addresses for the last 5 years:

Name	Relation to you	Full Address, inc. postcode	Date moved in, and out if applicable

8. Do you have any pets? If YES, please give details:

Your address history

9. Please list your addresses for the last 5 years in the UK or abroad

Full Address, including <u>postcode</u>	Date moved in dd/mm/yy	Date moved out dd/mm/yy	Type of Tenancy, i.e. family/friends/private rented/housing association/owner	Reason for leaving
		Current		

10. Please list your partner's addresses for the last 5 years in the UK or abroad

Full Address, including <u>postcode</u>	Date moved in dd/mm/yy	Date moved out dd/mm/yy	Type of Tenancy, i.e. family/friends/private rented/housing association/owner	Reason for leaving
		Current		

11. Please tick the box that best describes your current housing situation:

- | | |
|--|---|
| Living with friends or relatives <input type="checkbox"/> | Council Tenant <input type="checkbox"/> |
| Boarder or lodger (resident landlord) <input type="checkbox"/> | No fixed abode <input type="checkbox"/> |
| Rough Sleeper <input type="checkbox"/> | Accommodation with your job <input type="checkbox"/> |
| Bed & Breakfast <input type="checkbox"/> | Serving member of HM Forces <input type="checkbox"/> |
| Hostel <input type="checkbox"/> | Private rented <input type="checkbox"/> |
| Caravan/boat/mobile home <input type="checkbox"/> | Owner occupier <input type="checkbox"/> |
| Housing Association/Co-op tenant <input type="checkbox"/> | Shared ownership/equity sharer <input type="checkbox"/> |

12. Do you or your partner own a property, or have either of you ever owned a property in the past, in the UK or abroad?

YES - currently own YES - owned in the past NO - go to Question 13

Address of property:

Postcode:

Who is named on the deeds?

Was this a business or residential property? Business Residential

Date left: Why did you leave?

a) If you or your partner CURRENTLY own a property in the UK or abroad give details:

Is the address this application is registered from your principal home?

YES NO

If NO please say why:

Current market value of the property:

£

Outstanding mortgage:

£

Repayment

Endowment

Do you have mortgage arrears on this property?

YES NO

If yes, say how much and give details of your repayment plan

Are you intending to sell/in the process of selling this property?

YES NO

If YES, how much money do you expect to make from the sale?

£

If you let the property how much rent do you receive per month?

£

b) If you or your partner ever owned a property in the UK or abroad in the past please give the following details (You and anyone else named on this application will need to provide a completion statement, valuation and equity documents)

Sale price:

£

What was the outstanding mortgage?

£

How much money did you make from the sale?

£

Has this money been spent? *If yes, please explain how:*

YES NO

13. If you or anyone named on this application currently/have ever held a tenancy with a council or other social landlord please give details:

Who:

Name of council or HA:

Address of property:

Postcode:

Who is/was named on the tenancy?

Are you an introductory tenant? YES NO

Why did you leave, if applicable?

Date tenancy ended

Do you owe rent on your current or previous home? YES NO

If yes, please say how much and give details of your repayment plan

£

Have you ever been issued with Notice Seeking Possession or a court order? If so please explain

If this tenancy is coming to an end please say why (e.g. rent arrears anti-social behaviour) and the date it is due to end

14. If you or anyone on this application currently lives in, or has ever lived in private rented accommodation please give details:

Who: Address:

Was this with assistance from our Deposit Guarantee Scheme YES NO

Landlord Name: Address:

Rent Paid: £ Weekly Monthly

Do/did you receive Housing Benefit, if so how much per week

Do you owe rent on your current or previous home? YES NO

If yes, please say how much and give details of your repayment plan

£

Have you ever been issued with Notice Seeking Possession or a court order? If so please explain

YES -Section 21 YES -Section 8 NO

If this tenancy is coming to an end please say why (e.g. rent arrears/anti-social behaviour) and the date it is due to end

15. Have you or anyone named on this application currently or previously served in the Armed Forces or the Reserve Forces, or resided in forces accommodation?

Who:

Service Number:

Dates of Service/residence: To: / / From: / /

Reason for leaving, if applicable:

Have you been given notice to leave forces accommodation? *If yes, please provide the date the notice is due to expire and the reason the notice has been issued.*

YES NO

Are you due to be given notice to leave forces accommodation? *If yes, please provide the date the notice is due to be issued and the reason the notice is going to be served.*

YES NO

Have you or your spouse become medically unwell, disabled or suffered an injury as a result of service in the Armed Forces? *If yes, please complete in full the medical section of this form.*

YES NO

Details of your current accommodation

16. What type of accommodation do you occupy?

Bedsit

Flat

House

Maisonette

Other, please provide details:

17. If you live in a bedsit, flat or maisonette which floor is your property on?

Ground

1st

2nd

3rd

Above 3rd

18. Do you have lift facilities?

YES

NO

19. Number of steps to front door?

20. Number of internal steps - if applicable

21. How many bedrooms are there in the property you occupy?

22. Please say who sleeps in the property you currently occupy, this should include those who are living with you but who are not named as part of your household, i.e. mum, dad, friends, etc.

Room	Name of person/people sleeping in this room	Their relationship to you	Is this a <u>S</u> ingle or <u>D</u> ouble bedroom
Bed 1			
Bed 2			
Bed 3			
Bed 4			
Other bed(s)			
Living Room			
Dining Room			

23. Do you lack the use of any facilities, such as bathroom, toilet, kitchen, heating? *If yes, please give details:*

YES

NO

24. Is your home in any disrepair?

If yes, please give details and say if an Environmental Health Officer has visited.

YES NO

25. If you have no fixed abode or have provided a C/O address please

Where are your belongings stored? - address

Whose property is this in relation to you?

Do you have access to cooking facilities?
Please give details

Do you have access to washing facilities?
Please give detail

Financial Details

26. Please give current employment details for all those included on this application:

	Company name & workplace address including postcode (not the Head Office)	Start Date dd/mm/yy	Hours worked per week	Average Pay (weekly or monthly)	
Self				£	<input type="checkbox"/> weekly <input type="checkbox"/> monthly
Partner				£	<input type="checkbox"/> weekly <input type="checkbox"/> monthly
				£	<input type="checkbox"/> weekly <input type="checkbox"/> monthly
				£	<input type="checkbox"/> weekly <input type="checkbox"/> monthly

27. Right to Move

ONLY complete this section if you are a social housing tenant living outside Reading and are working (or have an offer of work) within the Borough of Reading.

Name of person needing travelling to Reading for work

Does this person currently work in the Borough of Reading?

YES NO

If YES, how far is it from your current home to place work

miles

How long does this journey take?

Cost of travel per week

Is this Permanent or Temporary - how long is the contract?

Please add anything you feel supports your need to move to the borough for work.

If NO: Has this person been offered work in the Borough of Reading: YES NO

What is the expected start date

How far is it from your current home the new place work

How long will this journey take?

Estimated cost of travel per week

Is this job: Permanent or Temporary - how long is the contract:

Please add anything you feel supports your need to move to the Borough for work.

28. If you or anyone in your household receive any benefits or pensions please tick the appropriate box and say how much and how often you get them:

Universal Credit	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Income Support	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Job Seekers/Employment Support Allowance	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Housing Benefit	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Working Families Tax Credit	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Child Benefit	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
State Pension	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Other Pension, <i>specify:</i>	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Invalidity Benefit/Attendance Allowance	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
Disability Living Allowance/ Personal Independence Payments	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>

Other benefits (please state)

	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>
	£	weekly <input type="checkbox"/> monthly <input type="checkbox"/>

29. If you have any savings and/or investments please give details and amounts:

Type of saving/investment	Amount	Type of saving/investment	Amount
	£		£
	£		£

30. Do you or your partner own a business or have a financial interest in a company? If YES, please give details below:

YES NO

31. Are you or your partner applying to buy your Council property

YES NO

If YES, please give details:

32. Are you or your partner applying to buy a property through a shared ownership or other assisted purchase scheme

YES NO

If YES, please give details:

Medical and Support Information

33. Does any member of the household suffer with a medical condition that is affected by your current accommodation?

YES

NO

If no please go to Question 39 - GP Details ...

If YES, complete the following and provide a copy of a repeat prescription if available




Name of person with condition	Name of medical condition	Medication being taken including dose and frequency	How does your accommodation affect this condition?

Please give details of any other treatment being received, including any hospital referrals, appointments for treatment that have been made, future admissions etc.

Name	Treatment

How would this/these condition(s) improve with a move?

34. Do you need a particular type of accommodation due to a mobility issue? If YES, please tick which type: YES NO

	Uses a wheelchair full-time (indoors and outdoors)	<input type="checkbox"/>
	Doesn't use a wheelchair indoors, but cannot climb steps or stairs	<input type="checkbox"/>
	Doesn't use a wheelchair but has limited mobility	<input type="checkbox"/>

35. Does this condition affect the person's ability to manage:

External Stairs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:
Internal Stairs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details:

36. Has your current home been specially adapted for you or a member of your household? If YES, please give details (including any adaptations carried out by the Council): YES NO

Adaptation details	Date carried out by RBC

37. Does anyone in your household have problems accessing facilities or rooms in your current accommodation? If YES, please give details below: *i.e. a toilet if this is not on the ground floor.* YES NO

38. Do you or any member of your household require any special adaptations for your property due to the stated medical condition? If YES, please give as much information as possible, including any application that has been made for a Disabled Facilities Grant: YES NO

39. GP details

Please note: we may need to contact your GP to confirm any information provided

Name of GP:

Address:

Contact Number:

40. Does anyone in your household receive support from any other agency, such as an Occupational Therapist, Social Services, Community Mental Health Team, Drug Worker, Probation Officer, etc? If so please provide the following information for each agency.

Agency: Support Worker's Name:

Address: Postcode:

Support Provided:

Agency: Support Worker's Name:

Address: Postcode:

Support Provided:

Agency: Support Workers Name:

Address: Postcode:

Support Provided:

Current Accommodation Needs

41. Are you interested in Sheltered Accommodation?
(purpose built accommodation for retired people over 60 years)

If so we will pass your details to another team for them to carry out a full assessment.

YES NO

42. Are you interested in Shared Ownership (part rent/part buy)? Please contact Help to Buy South
www.helptobuysouth.co.uk 0800 456 1188

YES NO

43. Are you a "Key Worker"

YES NO

A key worker is someone who lives or works in Reading for the Council, Royal Berkshire Hospital or NHS community health services, ambulance service, police, the fire service or Reading Buses.

44. Do you consider yourself to be at risk in your current accommodation or in any area in Reading?

If yes, please explain why, from who (if applicable), which area (if applicable) and include any details of other agencies involved with you.

45. Do you NEED to live in a particular area of Reading in order to give or receive support? If yes, please provide the following:

Do you give or receive support?

Give Receive N/A

Please give the name of the person you care for or who provides care to you.

What relation are they to you?

If you provide support please give the address of the person you care for?

No hours/per week support is provided/received week?

What benefits are received to show that an assessment has been made of the support need?

Reading Borough Council takes the safety of our staff, persons acting on behalf of the Council and its residents very seriously. Please answer the following questions if they apply to you or anyone on your application.

46. Have you or members of your household now or in the past had any previous convictions or Anti Social Behaviour Orders?

YES NO

(excluding motoring offences and fixed penalties). If yes, please give details below:

Name of person(s) involved

When did it occur

Address at the time

Who was the landlord

What was the nature of the offence

What action was taken and to outcome of this, i.e. ASBO

47. Please give details of anything else you think we should know when looking at your application:

Please continue on a separate sheet if necessary

48. Are you or any member of your household related to any staff member or Councillor of Reading Borough Council?

YES NO

If YES, please give their details:

Name:

Position held:

DECLARATION: SECTION 171 OF THE HOUSING ACT PART VI

- I/We understand that it is my/our responsibility to check my/our eligibility for social housing before applying to the Homechoice Register and that I/we will be required to produce documents to support the information provided in this application before any formal offer of housing can be made.
- I/We understand that it is my/our responsibility to notify the Homechoice Team of any changes of circumstances that could affect my/our eligibility for social housing, such as a change in my/our household members, a move to other accommodation, a change in my/our financial situation, the purchase of property, etc.

PLEASE NOTE: It is an offence for any person, knowingly or recklessly to make a false statement, or to withhold information requested, with the intention of misleading a local authority for the purpose of obtaining social housing.

This includes unreasonable failure by the applicant to notify the authority of a change in circumstances while it is considering an application. The offence is punishable by a fine up to level five (currently £5,000).

- I/We understand that the information on this application form will be available to other departments within the Council, including the Anti-Fraud Team.
- I/We understand that the information provided on this application form may, if appropriate, be given to other housing providers, such as housing associations and other local authorities.
- I/We understand that the information on this form may, if appropriate be shared with other statutory or non-statutory agencies, such as Housing Benefit, Council Tax Benefit, Department for Work and Pensions, Police, Home Office, any other Law Enforcement Agency, etc.
- I/We declare that the details given for the purpose of this application are correct.
- I/We declare that I/we have not withheld any information.
- I/We authorise the Council to make any necessary enquiries to check the information given is correct and this may include Housing and Council Tax Benefit checks, Police checks, Credit checks, Land Registry Search, Department for Work and Pensions, Her Majesty's Revenue & Customs, etc.
- I/We have read, or have had this document read to me/us, and I/we understand and agree with the details.
- I/We understand what is expected of me/us under Section 171 of the 1996 Housing Act Part VI.
- I/We authorise any agency support worker who is contacted by the Council to give information to support my/our application.

By signing the following declaration you are agreeing:

- to apply to Reading Borough Council's Homechoice Register
- that you are aware that you may never be offered accommodation
- that there are alternative options available to you to improve your own housing situation.

Applicant's Signature: Date:

Partner's Signature: Date:

IF YOU COMPLETED THIS FORM ON BEHALF OF SOMEONE ELSE:

I completed this form on behalf of:

Name Relationship to applicant:

To whom I have read each question and the answers given are those which are recorded on this application and I understand that the above declaration also applies to me.

Signed: Date:

Eligibility Declaration

We will not agree or disagree that you are eligible for housing until you have provided proof. We will collect this if you make a successful bid for accommodation. If you are not eligible we will withdraw any offer of accommodation and remove you from the Housing Register at this stage. If you became eligible for housing after the date that you applied we will amend the date that your priority was awarded to the date that you became eligible.

By signing this declaration you agree that the information you have provided on this form is true and correct.

Applicant's Signature: Date:

Partner's Signature: Date:

IF YOU ARE COMPLETING THIS FORM ON BEHALF OF SOMEONE ELSE:

I am completing this form on behalf of:

Name Relationship to applicant:

To whom I have read the above declaration and the answers given are those which are recorded on this application form.

Signed: Date:

Statement of Fair Processing

In line with the Data Protection Act 1988, we will process your information for the purpose of assessing your housing need, collecting statistical information and to improve our business.

We may also use this information to detect and prevent fraud.

Your information will be stored electronically and this will comply with our Data Protection policies.

Full details of our Fair Processing Notice can be found on our website:

www.reading.gov.uk/dataprotection

Other Housing Options

Other housing options may be quicker and more appropriate for your situation.

We recommend you consider the following:

If you are a Private Rented Tenant

If you are already renting from a private landlord and you feel your home is no longer suitable for your needs you could consider look for alternative private rented accommodation:

- Through a letting agent
- In local newspapers
- Lettings websites
- Shop windows

If you don't have a deposit you could consider joining Community Loans and Savings - a Credit Union offering good deals on loans. For more information visit www.cslberks.org or call 0118 958 5803.

You may be able to negotiate a transfer of your current deposit to your new landlord - as long as you are not liable for damage or outstanding rent arrears.

If you are a Council or registered provider tenant

As long as you have a clear rent account you may be able to find a more suitable home by exchanging your home with another tenant.

Visit the Homeswapper website (www.homeswapper.co.uk) to register* and search for a match. Registration is FREE for Reading Borough Council tenants - if you are a registered provider tenant you may have to pay a small fee.

** If you are a Reading Borough Council tenant and you would like us to register you please completed the Homeswapper Registration Form (see page 23).*

If you don't have a "local connection"

You should explore your housing options with the local authority you do have a connection with. If you find social housing in your area and you still wish to move to Reading you may be able to exchange your home.

If you are at risk of homelessness

Do not apply at this stage - please contact our Housing Advice Team on 0118 937 2165 as soon as possible.

Homeswapper Registration Details - RBC TENANTS ONLY

Email Address:

IMPORTANT: We will register your details on the Homeswapper.co.uk website. Please make a note of the following information as you will need this to access your account:

USERNAME: This will be the first part of your email address. For example:

joebloggs@hotmail.com - user name = joebloggs

PASSWORD: This will be your DOB in the following format: dd/mm/yyyy

When you log in you will be able to change your username and password.

What best describes your current property type:

Bedsit

Bungalow

Dormer bungalow

Flat - converted house

Flat - purpose built block

House - detached

House - semi detached

Maisonette

House- Mid terrace

House - end terrace

Studio

House

Flat

Total rent and services

£

Weekly

Fortnightly

Monthly

What is the minimum number of bedrooms you require?

What type of home would you consider moving to?

House

Bungalow

Flat, including bedsit and studio

Maisonette

Please provide details of the town or city you would like to move and the distance from the centre of that town or city you would be prepared to consider

Town/City

Distance 1 mile

2 miles

5 miles

10 miles

20 miles

Town/City

Distance 1 mile

2 miles

5 miles

10 miles

20 miles

Town/City

Distance 1 mile

2 miles

5 miles

10 miles

20 miles

- By ticking this box you are confirming that you have read and agreed the Homeswapper.co.uk Terms & Conditions including the provisions regarding use of your personal data. If you cannot agree with the Terms & Conditions we cannot complete your registration and you will not be registered. You can access this on their website.