

**DUBLIN CITY COUNCIL TRANSFER APPLICATION FORM**

Application must be accompanied by Photo ID and details any Previous Tenancy / Property Ownership The form **MUST** be stamped by Landlord's Rent section ( DCC or Voluntary Housing Body) showing a clear rent account on an up-to-date assessment **AND** the local Tax Office ( Completed HPL1 form, stamped at rear).

Affix Photo  
ID  
Applicant

Affix  
Photo  
ID  
Joint  
Applicant

**NAME/S:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

No. Bedrooms? \_\_\_\_\_ What floor is dwelling on? \_\_\_\_\_ Is there Lift Access? Y/N \_\_\_\_\_

Is dwelling been extended/adapted? Y/N \_\_\_\_\_ If Yes , please give some details \_\_\_\_\_

Do you seek Ground floor accommodation  Voluntary Housing  Adapted  ?

Do you seek Older Person housing (over 55 year) ? Y/N \_\_\_\_\_

**Reason for seeking Transfer :** \_\_\_\_\_

\* If applying on medical grounds, you should submit support medical letters also\*

**Do you currently own property/ land** by way of purchase or inheritance? Y/ N ? \_\_\_\_\_

If yes - Address : \_\_\_\_\_ ; Who resides there? \_\_\_\_\_

When did you leave? \_\_\_\_\_ Why did you Leave? \_\_\_\_\_

Has the ownership been resolved as part of any Legal Separation/Divorce agreement ? Y/N \_\_\_\_\_

**Did you (or any Household member) previously own or sell property or Land?** Y/N \_\_\_\_\_

If Yes, Where was the property? \_\_\_\_\_

Was the property sold or repossessed? Y/N \_\_\_\_\_ When ? \_\_\_\_\_

If you own or previously owned a property that has been sold, repossessed or transferred to another party by way of a legal/Separation/Divorce Agreement, documented details of that sale or agreement, if not already submitted, will be required

**Did you (or any Household member) previously have a Council/ RAS or Voluntary tenancy?**

If Yes, Where was the tenancy? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

**All household members must be on the rent account for Assessment purposes .**

NAME	D.O.B	RELATIONSHIP	PPS NUMBER	WEEKLY INCOME
1 Applicant				
2				
3				
4				
5				
6				
7				
8				

**AREAS OF PREFERENCE** - you may choose up to 3 areas.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

In the interest of Good Estate Management, the City Council proposes to engage where appropriate, in advance consultation with Representative Tenant Groups regarding prospective allocations. For the purpose of this consultation, the City Council reserves the right to release whatever information it considers appropriate on transfer applicants to representative tenant Groups. Your agreement is therefore requested to the release of relevant information to your transfer application to Representative Tenant Groups if the Council considers it appropriate.

**AUTHORISATION:**

I / WE hereby authorise Dublin City Council to release whatever information it considers appropriate relating to my/our Transfer application to representative Tenant Groups in the interest of Good estate management.

Signed: (Applicant) \_\_\_\_\_ Signed: (Joint Applicant) \_\_\_\_\_

Date : \_\_\_\_\_ Date : \_\_\_\_\_

**DECLARATION:**

I / We hereby apply for a Transfer and declare that all particulars stated are correct:

Signed: (Applicant) \_\_\_\_\_ Signed: (Joint Applicant) \_\_\_\_\_

Date : \_\_\_\_\_ Date : \_\_\_\_\_

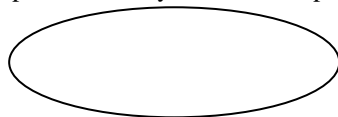
**TO BE COMPLETED BY THE REVENUE COMMISSIONERS**

**TO BE COMPLETED BY THE INSPECTOR OF TAXES**

I hereby certify, in accordance with my records, to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase/build a dwelling.

Signed: \_\_\_\_\_

Date : \_\_\_\_\_



Official Stamp: Applicant 1  
PPS Number \_\_\_\_\_

Applicant 2  
PPS Number \_\_\_\_\_

**To Be Completed by the Landlords Rent Assessment section  
Dublin City Council ( a DCC tenancy or a tenancy under the RAS) or Voluntary Housing Body**

Landlord: \_\_\_\_\_ . Current Weekly Rent: E \_\_\_\_\_ .

Are all household members above on the account for assessment purposes? Yes / No \_\_\_\_\_ .

Details any member not accepted on rent assessment to-date - \_\_\_\_\_ .

Is the Rent account clear at this date, on foot of an up-to-date assessment ? Yes / No \_\_\_\_\_ .

Amount of arrears, if any ? E \_\_\_\_\_ .

Stamp of Landlord :



Date of Tenancy: \_\_\_\_\_ .

**For Office Use Only :**

Date of Application: \_\_\_\_\_ Date of Tenancy: \_\_\_\_\_ 2 Years Requirement? Y/N \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Is Ground Floor / Adapted accommodation required? Y/N \_\_\_\_\_

Application accepted? Y/ N \_\_\_\_\_ If not accepted, why ? \_\_\_\_\_ .

Comment: \_\_\_\_\_

Dated : \_\_\_\_\_ Signed : \_\_\_\_\_ .

**REF NO:**