

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.

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 60 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 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 _____ .

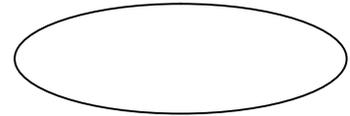
Are all household members above on the account for assessment purposes? Yes / No _____ .

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:
