



APPLICATION FOR FINGAL COUNTY COUNCIL'S CONSENT TO THE TRANSFER OF A LOAN FROM JOINT NAMES INTO SOLE NAME

NAMES OF CURRENT BORROWERS:

ADDRESS: _____

DAYTIME CONTACT NUMBER: _____

LOAN NUMBER: _____ ACCOUNT NUMBER: _____

NAME(S) TO BE REMOVED: _____

REASON FOR TRANSFER: _____

We wish to apply for the consent of Fingal County Council to the transfer of the
loan on the property at _____

into the sole name of _____

We declare that the information given above is correct.

Signed: _____
BORROWER TO REMAIN

BORROWER TO BE REMOVED

Date: _____

Please return completed application form to:
**Fingal County Council, Housing Dept., Loan Accounts Section, Grove Road,
Blanchardstown, Dublin 15.**

PLEASE NOTE:

1. An application fee of **€38.00** must accompany this form, along with completed forms, **HPL2** and **HPL3** (attached).
Office use only: Receipt Code HL006
2. The borrower to remain on the mortgage must prove that they have sufficient income to service the loan. **Please forward P60 and P21 for the previous tax year and four recent payslips. If self employed please forward the agreed tax assessment for the previous tax year.**
3. Copy of official *Separation / Divorce documentation* or *Death Certificate* should be submitted (where appropriate).
4. We will require details of any legal agreement reached in regard to the transfer. We need to be satisfied that the person being removed from the loan is fully aware of the implications of surrendering their interest in the property and is legally represented. **The person being removed from the loan cannot apply for Affordable Housing in the future.**
5. It is your responsibility to ensure that you are in compliance with the Revenue Commissioners in relation to the transfer.
6. Fire and Flood insurance premiums must be up to date.
7. Your loan account must be up to date before your application will be considered.
8. If your application is successful the Council will give its consent to the Transfer and your solicitor attends to the registration and stamping of Transfer Deed and furnishes our Law Department with up-to-date copy Folio on completion of registration.

Please return completed forms and relevant documentation to:

**Fingal County Council,
Housing Dept.,
Loan Accounts Section,
Grove Road,
Blanchardstown,
Dublin 15.**

DETAILS OF SOLE BORROWER

TO BE COMPLETED BY DEPARTMENT OF SOCIAL WELFARE

BORROWER'S NAME _____

ADDRESS _____

PPS NUMBER _____

In relation to the above named, I confirm the following information is correct:

Total Social Welfare Payment received last year € _____

Nature of Payment: UA / UB / Other (Please specify) _____

Current amount of Social Welfare Payment received weekly _____

Nature of Payment: UA / UB / Other (Please specify) _____

Signed: _____

Date: _____

**DEPARTMENT OF SOCIAL
WELFARE STAMP**

DETAILS OF SOLE BORROWER

BORROWER'S NAME

ADDRESS

TO BE COMPLETED BY EMPLOYER

Employer's Name: _____

Employer's Address: _____

Commencement date of work

Present Income
Weekly / Annual

Is employment full-time or casual?

Is employment permanent or temporary?

Will the applicant be employed by you for the foreseeable future?

YES NO

I wish to confirm that the above information is correct:

Employer's Signature

Date

Employer's Stamp