#### **DATE RECEIVED**

Affix date stamp here

Received	by		

NAME OF APPLICANTS **BLOCK CAPITALS** 

a)			
b)			

# **Comhairle Contae Fhine Gall Fingal County** Council



# FINGAL COUNTY COUNCIL

# Application form for **Transfer of Tenancy**

Please return completed application form to

**Fingal County Council Housing Support Team Housing Department Grove Road** Blanchardstown D15 W638

Telephone No: 01 8905000 / 01 8905902 Email: housing.allocations@fingal.ie Website: www.fingal.ie

ACKNOWLEDGEMENT FOR TRANSFER OF TENANCY APPLICATION	
Please fill in your name and address below.	
Fingal County Council has received an application from:	
NAME:	Affix date stamp here
ADDRESS:	

#### Please read these notes carefully before completing application for Transfer of Tenancy.

#### 1. General:

- (a) Your rent account must not be in arrears
- (b) All persons residing in the dwelling must be correctly assessed for rent
- (c) You must submit up to date proof of income for all relevant household members

A person who wishes to become a tenant:

- 1) Must be residing in the dwelling for a period of 2 years and assessed for rent for that duration
- 2) Must never have owned/jointly owned property
- 3) Cannot be a current tenant of any other Local Authority
- 4) If the applicant(s), or any other person residing in their dwelling have engaged in anti-social behaviour in the two years prior to their application or subsequent to their application, then that application will be refused.

#### 2 <u>Documents required:</u>

- (a) Marriage Certificate (if creating a joint tenancy on marriage)
- (b) Death Certificate (if a current tenant has passed away)
- (c) Custodial Order/Separation Order/ Divorce Decree (if application being made in event of relationship breakdown)

It is important to note that another Transfer of Tenancy will not be carried out within two years of a previous Transfer of Tenancy being completed

#### <u>Additional Information – Important please read carefully</u>

The Council may, for the purpose of its functions under the Housing Acts 1966 to 1997, request and obtain information from another local authority, the Criminal Assets Bureau, a member of An Garda Síochána, the Revenue Commissioners, the Minister for Social Welfare, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act 1992, in relation to occupants or prospective occupants of, or applicants for local authority housing or any other persons the authority consider may be engaged in antisocial behaviour.

#### **Please Note:**

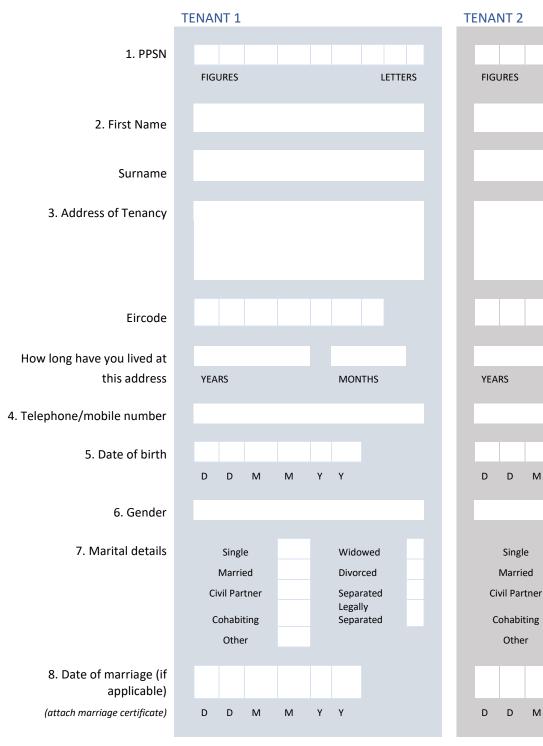
If the applicants, or any other person residing in their dwelling have engaged in anti-social behaviour in the two years prior to their application or subsequent to their application, then that application will be refused.

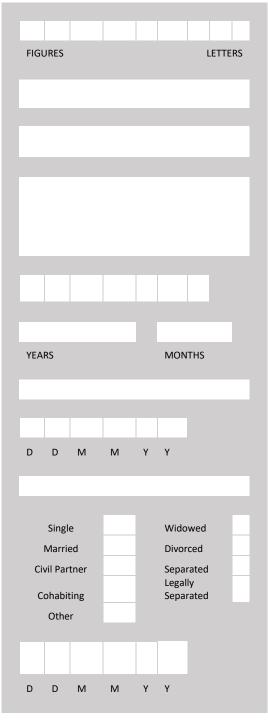
#### **PART 1: PERSONAL DETAILS**

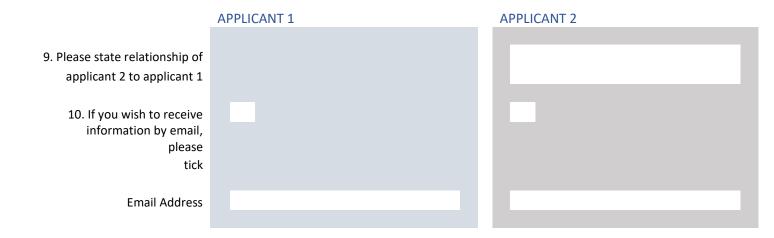
Please complete the following in respect of yourself and Tenant 2 (if applicable)

Please answer ALL questions and place a tick ( $\checkmark$ )in the boxes provided. Please use BLOCK LETTERS.

Tick if a Joint Tenants







# PART 2: DETAILS OF HOUSEHOLD MEMBER TO BE ADDED/REMOVED FROM TENANCY

(i.e. excluding Tenant 1 and Tenant 2)

Name	Date of Birth				<u>PPSN</u>							Relationship to						
	D	D	М	M	Υ	Υ	FIGUR	ES					LETTE	RS		M	ain Ten	ant

Please list person to be added/removed from the tenancy below
Name D D M M Y Y FIGURES LETTERS

PART 3: CURRENT AC	COMMODATION	
Date Tenancy commenced	D D M M Y Y	
Number of bedrooms in current accommodation		
Status of Current Rent	Account is up to date	Arrears
Account - please tick		
Amount of Arrears	Is there a payment plan ir place	

Part 4: HOUSING REQUIREMENTS	
Which of the following best describes your reason for seeking a	transfer of tenancy?
Adding a Person	
Removing a Person	
Name Change	
Other, give details	

### Application for

#### TRANSFER OF TENANCY DECLARATION

Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.

#### **Collection and Use of Personal Data**

ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Social Housing Support. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.

In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly Set out in <u>Fingal County Council's</u> Privacy Statement. Copies of this are available from <u>www.fingal.ie</u>

If you have any questions about your rights under GDPR, you can contact <u>Fingal County Council's</u> Data Protection Officer, or you may also contact the Data Protection Commission (DPC).

For more information, please contact Mr. Colm McQuinn

Tel: 01 8905162 Email: colm.mcguinn@fingal.ie

## **Declaration**

<b>1.</b> I (or we) declare that the information and details giver	n by me (or us) on	this app	lication	are ·	true	and (	correc	t.	
<b>2.</b> I (or we) promise to notify the local authority of any ch the people who make up the household, their wages or p we gave on this form.									
<b>3.</b> I (or we) also agree that the local authority can make vof this application are correct.	whatever enquirie:	s it consi	ders ne	cessa	ary to	che	ck tha	it the d	etails
<b>4.</b> I am (or we are) aware that it is against the law to give for doing that.	e false information	on this	form ar	nd tha	at I (	or we	e) can	be pro	secuted
<b>5.</b> I (or we) understand that my (or our) personal data wil purposes set out above.	ll be shared with t	he LGM	A, and T	The H	lousi	ng A	gency	for the	2
<b>6.</b> I (or we) understand that my (or our) personal data wil	ll be shared with o	other pul	blic boo	dies o	only a	as pro	 ovided	d by lav	
<b>7.</b> I (or we) understand that a failure to respond to a requestion Housing Assessment process may result in my (or our) he	•			oart o	of the	e Sun	nmary	of Soc	ial
Applicant 1 Signed	Date	D I	D M	М	Υ	Υ			
Applicant 2 Signed	Date	D I	D M	М	Υ	Y			