

**Aras Cill Dara, Devoy Park, Naas Co Kildare. (045) 980705**

*TRANSFER APPLICATION*

**Answer all Questions fully – Incomplete Applications will be returned.**

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| **Part A – Personal Details**  |  |  | **Tick if Joint Application**  |
| Please complete the following in respect of yourself and Applicant 2: spouse/ partner (if applicable) |
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| **Please State:** | **Applicant** |  | **Applicant 2: Spouse / Partner** |  |
| P.P.S. Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| First name(s) |  |  |  |  |
|  |  |  |  |  |
| Surname |  |  |  |  |
|  |  |  |  |  |
| Current address |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Tenancy Start Date |   |   |  |  |  |  |
|  |  |  |  |  |
| Telephone /Mobile No. |  |  |  |  |
| Email Address. |  |  |  |  |
| Date of Birth (dd/mm/yy) |  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ |  |  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  |  |

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| **Family Members**  |  |  |  |  |
| **Name** | **Date of Birth** | **PPS Number**  | **Source of Income** | **Weekly income** |
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| **Part B – EXISTING ACCOMMODATION** |
| Rent a/c no: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_\_\_\_\_\_\_ |
| Please state the reason you are seeking a transfer:1. Overcrowding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Downsizing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Medical: (Attach HMD1 Form) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_ \_\_\_\_\_  4. Exceptional Circumstances: (Attach supporting documentation) If Anti-Social Behaviour, please submit Garda Reports  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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| **Part C – Areas Of Choice**  **Please choose three areas within the housing authority, where you would accept an offer of accommodation.** |
| Please note that listing of areas of choice on the application form is not a priority listing, i.e. all areas of choice specified on the form are deemed to be of equal priority.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **[It should be noted that you are committed to these areas of choice for a period of 12 months].** |
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**TRANSFER OF EXISTING COUNCIL TENANTS /**

**APPROVED HOUSING BODIES / SOCIAL LEASING**

In order for transfers to be considered, in accordance with Kildare County Council’s 2023 Housing Allocations Scheme, there must be:

* A material change in the households housing need which can be demonstrated. This change in need should not have been a factor in the first allocation of housing support to justify a transfer.

Transfers will not be considered within two years of an allocation of housing support, (except in exceptional circumstances).

Council tenants, including applicants for transfer from Approved Housing Bodies or Social Leasing, will be considered for a transfer to other Council dwellings under the following circumstances:

1. **Overcrowding**
2. **Downsizing**
3. **Medical/compassionate reasons: If applying for support on the basis of medical grounds, please enclose a HMD1 Form completed by two healthcare professionals. If an adapted property is required, an OT Report must also be submitted.**
4. **Exceptional circumstances: Supporting documentation outlining the circumstances must be provided. i.e. Garda Reports, Complaints submitted to Tenant Liaison Officer, etc.**

Notwithstanding the above, tenants seeking a transfer must fulfill the following requirements to the satisfaction of the housing authority:

1. Held tenancy in their present dwelling for a period of at least two years.
2. A clear rent account for at least six months.
3. Kept their dwelling in satisfactory condition.
4. Complied with all conditions of their Tenancy Agreement
5. Have no record of anti-social behavior.
6. Tenants of Approved Housing Bodies must also provide a letter from the Approved Housing Body advising that they are unable to facilitate their transfer request and confirming a clear Rent Account and no history of anti-social Behavior.

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| **Part D: Declaration** |
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|  | **Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that an application will only be accepted when this declaration has been signed.** |  |
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|  | **Collection and Use of Data** |  |
|  | The housing authority will use the data which you have supplied to assess and administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Housing, Planning & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs. |  |
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|  | The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2014, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, Revenue Commissioners the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing supports.  |  |
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|  | **Declaration** |  |
|  | I/We declare that the information and particulars given by me/us on this application are true and correct. I/we undertake to notify the Housing Authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.)  |  |
|  | I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details of my/our application. |  |
|  | I/We am/are aware that the furnishing of false or misleading information is an offence liable to prosecution and will disqualify my/our application from being considered for re-housing. |  |
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|  | Signed: [Applicant 1] |  | Date: [dd/mm/yy] |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  | Signed: [Applicant 2]  |  | Date: [dd/mm/yy] |  |  |  |  |  |  |  |  |  |  |  |  |
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