

Transfer Application Form



**Kildare County Council**  
Comhairle Contae Chill Dara

**Áras Chill Dara, Devoy Park, Naas, Co. Kildare, W91 X77F**  
**Tel: 045 980200 Out of Hours T 1800 500 444**  
[www.kildarecoco.ie](http://www.kildarecoco.ie)

**APPLICATION FOR TRANSFER**

Please return your completed form and the required documents to  
**Housing Allocations Team, Kildare County Council, Housing  
Department, Áras Chill Dara, Devoy Park, Naas, Co. Kildare**

Please note in accordance with the Allocation Scheme for the provision of Social Housing Support, an application for transfer will be considered on the basis of accommodation needs (structural) e.g. medical, overcrowding or downsizing.

An applicant may be eligible for consideration subject to compliance with the following conditions:

1. The tenant(s) must have resided in their current property for at least two years,
2. All rents and other charges due and payable in respect of their existing accommodation must be fully discharged,
3. The tenant(s) has complied with all the conditions of the Tenancy Agreement.
4. The transfer cannot result in the tenant(s) being inappropriately accommodated,
5. The tenant(s) must not have engaged in anti-social behaviour

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**Part A – Personal Details**

Please complete the following in respect of yourself and Applicant 2: spouse / partner (if applicable)

	Tenant 1	Joint Tenant 2
PPS Number		
First Name(s)		
Surname		
Date of Birth		
Current Address		
Telephone / Mobile Number		

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Other Occupants			
Name	PPSN	Date of Birth	Relationship to Main Tenant
How long have you lived at this address?			

**Part B – Transfer Reason and Accommodation Type**

Reason for seeking transfer:

Overcrowding   
 Medical

Downsizing   
 Other:

<b>Give a brief reason for transfer request:</b>	
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**If you are an AHB tenant, please get the attached Appendix A completed by the AHB.**

**Current Accommodation Type: (please tick all that apply)**

**House:**

Bungalow <input type="checkbox"/>	2 Storey <input type="checkbox"/>	3 Storey <input type="checkbox"/>	Duplex <input type="checkbox"/>
Detached <input type="checkbox"/>	Semi Detached <input type="checkbox"/>	End Terrace <input type="checkbox"/>	Mid Terrace <input type="checkbox"/>
Number of bedrooms (Downstairs) <input type="checkbox"/>	Number of bedrooms (Upstairs) <input type="checkbox"/>	Shower <input type="checkbox"/>	Bath <input type="checkbox"/>
Bathroom Downstairs <input type="checkbox"/>	Bathroom Upstairs <input type="checkbox"/>	Downstairs WC <input type="checkbox"/>	Wet room / WC bathroom <input type="checkbox"/>

**Apartment:**

Ground Floor Apartment <input type="checkbox"/>	1 <sup>st</sup> Floor Apartment <input type="checkbox"/>	2 <sup>nd</sup> Floor Apartment <input type="checkbox"/>	3 <sup>rd</sup> Floor Apartment <input type="checkbox"/>	4 <sup>th</sup> Floor Apartment <input type="checkbox"/>
Shower <input type="checkbox"/>	Bath <input type="checkbox"/>	Wet room / WC bathroom <input type="checkbox"/>	Lift Included <input type="checkbox"/>	Number of bedrooms <input type="checkbox"/>

## Transfer Application Form

### Areas of Choice\*

Please tick the areas, within the local authority, where you would accept an offer of accommodation.

A maximum of 3 areas of choice may be ticked from the following list of areas of choice. 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.

It should be noted that you are committed to these areas of choice for a period of 12 months.

<b>Athy MD</b>	<b>Clane-Maynooth MD</b>	<b>Kildare-Newbridge MD</b>
Athy <input type="checkbox"/>	Allen <input type="checkbox"/>	Athgarvan <input type="checkbox"/>
Ballitore <input type="checkbox"/>	Allenwood <input type="checkbox"/>	Bishopsland <input type="checkbox"/>
Ballyroe <input type="checkbox"/>	Carbury/Derrinturn/Ticknevin <input type="checkbox"/>	Brannockstown <input type="checkbox"/>
Calverstown <input type="checkbox"/>	Clane <input type="checkbox"/>	Brownstown <input type="checkbox"/>
Castledermot <input type="checkbox"/>	Clogherinkoe <input type="checkbox"/>	Caragh <input type="checkbox"/>
Castlemitchell/Castlerheban/Churchtown <input type="checkbox"/>	Coill Dubh <input type="checkbox"/>	Curragh <input type="checkbox"/>
Castleroe/Levistown/Maganey <input type="checkbox"/>	Donadea <input type="checkbox"/>	Kilcullen <input type="checkbox"/>
Clonmullion <input type="checkbox"/>	Enfield <input type="checkbox"/>	Kildangan <input type="checkbox"/>
Kilberry <input type="checkbox"/>	Johnstownbridge <input type="checkbox"/>	Kildare <input type="checkbox"/>
Kilkea <input type="checkbox"/>	Kilcock <input type="checkbox"/>	Milltown <input type="checkbox"/>
Kilmead <input type="checkbox"/>	Kilmeague <input type="checkbox"/>	Monasterevin <input type="checkbox"/>
Moone/Timolin <input type="checkbox"/>	Maynooth <input type="checkbox"/>	Newbridge <input type="checkbox"/>
Narraghmore <input type="checkbox"/>	Prosperous <input type="checkbox"/>	Rathangan <input type="checkbox"/>
Nurney <input type="checkbox"/>	Rathcoffey <input type="checkbox"/>	Suncroft <input type="checkbox"/>
	Robertstown <input type="checkbox"/>	
	Straffan <input type="checkbox"/>	
	Timahoe <input type="checkbox"/>	
<b>Celbridge-Leixlip MD</b>		<b>Naas MD</b>
Ardclough <input type="checkbox"/>		Ballymore Eustace <input type="checkbox"/>
Celbridge <input type="checkbox"/>		Eadestown/Kilteel <input type="checkbox"/>
Leixlip <input type="checkbox"/>		Johnstown <input type="checkbox"/>
		Kill <input type="checkbox"/>
		Naas <input type="checkbox"/>
		Osberstown <input type="checkbox"/>
		Sallins <input type="checkbox"/>

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<b>Part D: Disability and/or Medical Information</b>	
Does anyone in the household have a disability or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Person's name _____ Person's name _____
<b>To apply on Medical grounds; a Medical HMD-1 Form needs to be completed for each person with a medical housing need, by 2 Healthcare professionals. Please request a form from the Allocations Team.</b>	
If someone in the household has a disability, please indicate if the disability falls into any of the following categories ( <i>you may tick more than one</i> ) <ul style="list-style-type: none"> <li>• Intellectual disability      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>• Mental health disability <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>• Physical disability      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> <li>• Sensory disability      <input type="checkbox"/> Yes      <input type="checkbox"/> No</li> </ul>	
Due to the disability or medical condition are there any particular requirements needed in a home? <i>(please tick)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe the particular requirements (E.g. wheelchair access needed)	

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### DECLARATION

Once you have finished filling out this form **in full**, please read this declaration carefully and sign and date it when you are satisfied that you understand it.

### Collection and Use of 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 Assessment, 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 for 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.

If you have any questions about your rights under GDPR, you can contact Kildare County Council Data Protection Officer, or you may also contact the Data Protection Commission (DPC).

For more information, please contact Data Protection Officer

Telephone: [045 980200](tel:045980200)

Email: [dataprotection@kildarecoco.ie](mailto:dataprotection@kildarecoco.ie)

### Declaration

1. I (or we) declare that the information and particulars given by me (or us) on this form are true and correct.
2. I (or we) promise to notify the local authority of any change in my (or our) household circumstances such as our address, the people who make up the household, their wages or payments, or medical conditions if this changes from the details we gave on this form.
3. I (or we) also authorise the housing authority can make whatever enquires it considers necessary to check that the details of this application are correct.
4. I am (or we are) aware that it is against the law to give false information on this form and that I (or we) can be prosecuted for doing that.
5. I (or we) understand that my (or our) personal data will be shared with LGMA, and The Housing Agency for the purposes of the above.
6. I (or we) understand that my (or our) personal data will be shared with other public bodies only

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as provided by law.

7. I (or we) understand that a failure to respond to a request for updated information, as part of the Summary of Social Housing Assessment process, may result in my (or our) housing application being closed.

<b>Signature of Main Tenant</b>	
<b>Print full name (BLOCK CAPITALS please)</b>	
<b>Signature of Joint Tenant</b>	
<b>Print full name (BLOCK CAPITALS please)</b>	
<b>Date (dd/mm/yy)</b>	

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Appendix A

To be completed by the Approved Housing Body

Dear Kildare County Council,

The below tenant wishes to submit a Transfer Request:

<b>Approved Housing Body Name:</b>		
Main Tenant	Tenant 1	Joint Tenant 2
First Name		
Surname		
Property Address		
Occupants:		Relationship to Main Tenant
Tenancy Start Date		
Rent Account	Arrears of:	Credits of:
Any reports of Anti-Social Behaviour reported against the applicant(s):		
Please confirm that you are unable to facilitate this transfer request		

**Current Accommodation Type:** (please tick all that apply)

**House:**

Bungalow	<input type="checkbox"/>	2 Storey	<input type="checkbox"/>	3 Storey	<input type="checkbox"/>	Duplex	<input type="checkbox"/>
Detached	<input type="checkbox"/>	Semi Detached	<input type="checkbox"/>	End Terrace	<input type="checkbox"/>	Mid Terrace	<input type="checkbox"/>
Number of bedrooms (Downstairs)	<input type="checkbox"/>	Number of bedrooms (Upstairs)	<input type="checkbox"/>	Shower Downstairs	<input type="checkbox"/>	Bath Downstairs	<input type="checkbox"/>
				Wet room / WC bathroom Downstairs	<input type="checkbox"/>		<input type="checkbox"/>

**Apartment:**

Ground Floor Apartment	<input type="checkbox"/>	1 <sup>st</sup> Floor Apartment	<input type="checkbox"/>	2 <sup>nd</sup> Floor Apartment	<input type="checkbox"/>	3 <sup>rd</sup> Floor Apartment	<input type="checkbox"/>	4 <sup>th</sup> Floor Apartment	<input type="checkbox"/>
Shower	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Wet room	<input type="checkbox"/>	Lift Included	<input type="checkbox"/>	Number of bedrooms	<input type="checkbox"/>

Contact Person: \_\_\_\_\_

AHB: \_\_\_\_\_

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

AHB Stamp: