

FORM B – TO BE COMPLETED BY THE SELLER

COMHAIRLE CHONTAE UIBH FHAILI

APPLICATION FOR CONSENT OF SALE OF HOUSE AT :



ADDRESS: _____

NAME OF OWNER/S: _____
(APPLICANT)

OTHERS LIVING IN HOUSE:

NAME	AGE	RELATION TO APPLICANT

WHERE DOES APPLICANT AND FAMILY INTEND LIVING ON SALE OF HOUSE:
(ADDRESS) _____

DO YOU INTEND BUYING, BUILDING OR RENTING THAT ACCOMMODATION: _____
(IF BUYING, PLEASE SUBMIT SIGNED CONTRACTS FOR PURCHASE. IF BUILDING, PLEASE SUBMIT PLANNING PERMISSION REF. NO. _____)

COST OF HOUSE: € _____
(IF BUYING OR BUILDING)

PLEASE SPECIFY NUMBER OF ROOMS AT PROPOSED NEW ADDRESS:

LIVING ROOM KITCHEN OTHER
BEDROOMS BATHROOMS

ARE YOU SATISFIED THAT THE PROPOSED ACCOMMODATION IS ADEQUATE FOR YOUR HOUSING NEEDS:

YES No

WILL YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE HOUSING FROM A LOCAL AUTHORITY AS A RESULT OF THE SALE OF YOUR PRESENT HOUSE:

YES No

PURCHASER/S:

NAMES: _____

CURRENT ADDRESS: _____

SALE PRICE: € _____

SIGNED _____

(THIS FORM SHOULD BE SIGNED BY BOTH PERSONS WHERE THE HOUSE BEING SOLD IS IN JOINT NAMES)