

PART B – EXISTING ACCOMMODATION

Rent a/c no: _____ Weekly rent: _____ Number of bedrooms: _____

Reason for seeking transfer: Overcrowding Downsizing Medical Other

If other please give details (please use additional sheets if necessary): _____

PART C – AREAS OF CHOICE

Please tick the areas, within the housing 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].

Ballycumber		Edenderry		Portarlinton	
Banagher		Ferbane		Pullough	
Belmont		Geashill		Rahan	
Bracknagh		Kilcormac		Rhode	
Clara		Killeigh		Shannonbridge	
Cloghan		Kinnitty		Shinrone	
Clonbullogue		Leamonaghan		Tober	
Cloneygowan		Moneygall		Walsh Island	
Crinkle		Mountbolus		Birr Town	
Daingean		Mucklagh		Tullamore Town	

Please note in accordance with the Scheme of Letting Priorities an application for transfer will be considered on the basis of accommodation needs (structural) e.g. , **medical**, **overcrowding** or **downsizing**.

An applicant will only be eligible for consideration if they have complied with the following:

- Have a clear rent account
- Have adhered to the terms of their Tenancy Agreement including maintaining the property to an acceptable standard
- Have not engaged in anti-social behaviour
- Have lived peaceably in their current dwelling in accordance with terms of their tenancy agreement
- Have resided in their current dwelling for at least two years
- If applying for support on the basis of medical grounds, please enclose a **Consultant's certificate** specifying the nature of the medical condition or disability and noting whether the condition is degenerative

PART D: DECLARATION

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.

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 Environment, Community & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purpose of its functions under the Housing Acts of 1966 - 2009, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.

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.

Signed: [Applicant]

Date: [dd/mm/yy]

___ ___ ___ ___ ___ ___

Signed: [Applicant 2:
Spouse/Partner]

Date: [dd/mm/yy]

___ ___ ___ ___ ___ ___



OFFICE USE ONLY

Date Tenancy Commenced:

Is rent account clear Yes No Amount

Have tenants been involved in, or currently under investigation for, anti social behaviour Yes No

If Yes please give details _____

Recommendation of Housing Officer: **Approved:** **Refused :**

Notes:

Signed: _____
Date: _____