An Roinn Tithíochta agus Pobail Housing and Community Department



APPLICATION FOR CONSENT TO TRANSFER OWNERSHIP

NAME OF
APPLICANT:
ADDRESS:
<u></u>
DAY-TIME CONTACT
NUMBER
DETAILS OF DEPENDANTS (Names & Addresses :

IS ANY MEMBER OF THE APPLICANT'S FAMILY IN NEED OF HOUSING?
IF YES, SUPPLY DETAILS

Bosca 174, Áras an Chontae, Sord, Fine Gall, Co. Bhaile Átha Cliath P.O. Box 174, County Hall, Main Street, Swords, Co. Dublin Bóthar an Gharráin, Báile Bhlainséar, Fine Gall, Bhaile Átha Cliath 15 Grove Road, Blanchardstown, Fingal, Dublin 15 **t:** (01) 890 5900 **e:** info@fingal.ie **website**: www.fingal.ie



Comhairle Contae Fhine Gall Fingal County Council

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WHAT IS YOU	R RELATIONSHIP TO THE	PROPOSED TRANSFI	EREE(S)):
NAME OF PRO	POSED			
(RANSFEREE)	(S):			
ADDRESS:				
REASON FOR	TDANCEED.			
REASON FOR	TRANSFER:			
-	apply for the consent of t	-		
property at				in
the	sole/joint	name(s)		(
ransferee(s)	I declare that the inforn	, nation given above is		
		given above is		-
Signed: _				
3	APPLICANT(S)	TRANSFEREE	(S)	

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Date:

Under Section 90 of the Housing Act, 1966, as amended by Section 26 of the Housing (Miscellaneous Provisions) Act, 1992 the Council may refuse to grant its consent if the proposed transfer would leave the proposed transferor and their dependants without adequate housing or if the proposed transferee is not a person in need of housing.