

**Comhairle Contae
Fhine Gall**
Fingal County
Council



NAME OF APPLICANT(S) _____
(Block Capitals) _____

FINGAL COUNTY COUNCIL ACCOMMODATION TRANSFER APPLICATION FORM

**Fingal County Council
Housing Allocations Section
Housing Department
Grove Road
Blanchardstown
Dublin 15
Telephone No: 01 8905380
Email: housing.allocations@fingal.ie
Website: www.fingalcoco.ie**

DATE RECEIVED

ACKNOWLEDGEMENT RECEIPT FOR TRANSFER APPLICATION

DATE RECEIVED

Please fill in your name and address below.
Fingal County Council has received an application from:

NAME: _____

ADDRESS:

APPLICATION FOR TRANSFER TO ALTERNATIVE ACCOMMODATION

Name of Applicant(s): _____

Phone No: _____

Present Address: _____

Areas to which transfer is requested (Maximum of 3 area's to be selected): 1. _____

2. _____ 3. _____

Members of House	Relationship to Applicant(s)	Date of Birth	PPS No.
	Applicant a)		
	Applicant b)		

Please enclose Birth Certificates for all of the above

Date of Tenancy: _____

Current Rent Account Status € _____

No. of Bedrooms in dwelling: _____

Reasons for seeking Transfer (Medical Certificate or letter from Employer **must** be submitted if application is on medical or employment grounds):

I hereby declare that the foregoing information is correct, and apply to Fingal County Council for a transfer. I am prepared to pay rent in accordance with the Council's Differential Rent Scheme, in the event of my application being successful. Please return completed application form and enclosures to either of the above addresses.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SPOUSE/PARTNER: _____

DATE: _____

Please read these notes carefully before completing application for Transfer to Alternative Accommodation.

1. General:

- (a) You must be a tenant of your present address for a minimum of two years.
- (b) You must have a clear rent account.
- (c) All persons residing in the dwelling must be correctly assessed for rent.
- (d) Your water charges account must be clear.

2. Areas of Preference:

You may apply for a transfer to any or all of the Fingal County Council Housing areas as follows:-

- (a) Area 1 - Balbriggan, Ballyboughal, Garristown, Naul, Oldtown, Rush, Skerries.
- (b) Area 6 - Donabate, Portrane, Rolestown, St. Margaret's, Swords, Lusk.
- (c) Area 7 - Baldoyle, Howth, Malahide, Portmarnock, Sutton.
- (d) Area 15 - Blanchardstown, Clonsilla, Mulhuddart.

3 Documents required:

- (a) Birth Certificates for all named on application (Originals may be sent - they will be copied and returned).
- (b) Medical Certificate if application is on medical grounds.
- (c) Letter from employer if application is on employment grounds.

Additional Information - Important Please Read Carefully.

The Council may, for the purpose of its functions under the Housing Acts 1966 to 1997, request and obtain information from another Housing Authority, the Criminal Assets Bureau, a member of the Garda Síochána, the Minister for Social Welfare, a Health Board or a Voluntary Housing Body approved for the purposes of Section 6 of the Housing (Miscellaneous Provisions) Act 1992, in relation to occupants or prospective occupants of, or applicants for local authority housing or any other persons the authority consider may be engaged in antisocial behaviour.

Please Note:

If the applicants, or any other person residing in their dwelling have engaged in anti-social behaviour in the two years previous to their application or subsequent to their application, then that application will be refused.

Acknowledgement of receipt of your application:

If you do not receive an acknowledgement of your application within **12 weeks** of submitting same, you should contact Fingal County Council, Housing Allocations, Grove Road, Blanchardstown, Dublin 15. (Telephone No. 8905380).

**Allocations Section
Grove Road
Blanchardstown
Phone: 8905380.**

**Housing Department
Swords
Co Dublin**