

DATE RECEIVED

Affix date stamp here

Received by _____

NAME OF APPLICANTS
BLOCK CAPITALS

a)

b)

**Comhairle Contae
Fhine Gall**
Fingal County
Council



FINGAL COUNTY COUNCIL
Application form for
Transfer of Accommodation

Please return completed application form to

Fingal County Council
Housing Support Team
Housing Department
Grove Road
Blanchardstown
D15 W638

Telephone No: 01 8905000 / 01 890502

Email: housing.allocations@fingal.ie

Website: www.fingal.ie

ACKNOWLEDGEMENT FOR TRANSFER OF ACCOMMODATION APPLICATION

Please fill in your name and address below.

Fingal County Council has received an application from:

NAME: _____

Affix date stamp here

ADDRESS: _____

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) Your rent account must not be in arrears
- (c) All persons residing in the dwelling must be correctly assessed for rent

2. Areas of Preference:

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

BALBRIGGAN: - Balbriggan, Ballyboughal, Garristown, Lusk, Naul, Oldtown, Rush, Skerries.

SWORDS: - Donabate, Portrane, Rolestown, St. Margaret's, Swords.

MALAHIDE/HOWTH: - Baldoyle, Howth, Malahide, Portmarnock, Sutton.

BLANCHARDSTOWN: - Blanchardstown, Clonsilla, Mulhuddart.

3 Documents required:

- (a) Birth Certificates for all household members
- (b) Completed HMD form 1 and supporting documentation if transfer application is on medical grounds. HMD form 1 can be found at www.fingal.ie
- (c) If you have been housed with an approved housing body (AHB) we require a letter from the AHB stating who currently has permission to reside in the property and status of rent account

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 local authority, the Criminal Assets Bureau, a member of An Garda Síochána, the Revenue Commissioners, 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 prior to their application or subsequent to their application, then that application will be refused.

PART 1: PERSONAL DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable)

Please answer ALL questions and place a tick (✓) in the boxes provided. Please use BLOCK LETTERS.

Tick if a joint application

APPLICANT 1

APPLICANT 2

1. PPSN

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FIGURES

LETTERS

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FIGURES

LETTERS

2. First Name

Surname

3. Current Address

Eircode

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How long have you lived at this address

YEARS

MONTHS

YEARS

MONTHS

4. Telephone/mobile number

5. Date of birth

(attach birth certificates)

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D D M M Y Y

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D D M M Y Y

6. Gender

7. Marital details

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Civil Partner	<input type="checkbox"/>	Separated Legally	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Civil Partner	<input type="checkbox"/>	Separated Legally	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Other	<input type="checkbox"/>		

8. Date of marriage (if applicable)

(attach marriage certificate)

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D D M M Y Y

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D D M M Y Y

APPLICANT 1

APPLICANT 2

9. Please state relationship of applicant 2 to applicant 1

10. If you wish to receive information by email, please tick

Email Address

PART 2: DETAILS OF ADDITIONAL HOUSEHOLD MEMBERS

(i.e. excluding Applicant 1 and Applicant 2)

Name	Date of Birth						PPSN				Relationship to applicant
	D	D	M	M	Y	Y	FIGURES		LETTERS		
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											
<input type="text"/>											

PART 3: CURRENT ACCOMMODATION

Current Tenure

Local Authority rented accommodation

Emergency Accommodation

Approved Housing Body (AHB)

Other - *please provide details below*

Rental Accommodation Scheme (RAS)

Date Tenancy commenced

D	D	M	M	Y	Y	

Number of bedrooms in current accommodation

Status of Current Rent Account - *please tick*

Account is up to date

Arrears

Amount of Arrears

Is there a payment plan in place

Part 4: HOUSING REQUIREMENTS

Which of the following best describes your reason for seeking a transfer?

Overcrowding

Downsizing

Medical (please attach completed HMD Form 1 & supporting documentation)

Estate Management Grounds	<input type="checkbox"/>
Other, give details	<input type="text"/>

Areas of Choice

Please select up to a maximum of three areas as outlined below

Balbriggan	<input type="checkbox"/>
Blanchardstown	<input type="checkbox"/>
Howth/Malahide	<input type="checkbox"/>
Swords	<input type="checkbox"/>

- 1. **BALBRIGGAN:** Balbriggan, Ballyboughal, Garristown, Lusk, Naul, Oldtown, Rush, Skerries.
- 2. **BLANCHARDSTOWN:** Blanchardstown, Clonsilla, Mulhuddart, Ongar, Castleknock
- 3. **SWORDS:** Donabate, Portrane, Rolestown, St. Margaret’s, Swords.
- 4. **MALAHIDE/HOWTH:** Baldoyle, Howth, Malahide, Portmarnock, Sutton.



Application for
TRANSFER OF ACCOMMODATION DECLARATION

Please read the following information relating to the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for social housing support can only be accepted when the application has been completed, and this declaration has been signed.

Collection and Use of Personal 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 Assessments, 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 from 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.

Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in [Fingal County Council's Privacy Statement](#). Copies of this are available from www.fingal.ie

If you have any questions about your rights under GDPR, you can contact [Fingal County Council's Data Protection Officer](#), or you may also contact the Data Protection Commission (DPC).

For more information, please contact [Mr. Colm McQuinn](#)

Tel: [01 8905162](tel:018905162) Email: colm.mcquinn@fingal.ie

Declaration

1. I (or we) declare that the information and details given by me (or us) on this application 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 agree that the local authority can make whatever enquiries 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 the LGMA, and The Housing Agency for the purposes set out above.

6. I (or we) understand that my (or our) personal data will be shared with other public bodies only 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.

Applicant 1

Signed _____

Date

D	D	M	M	Y	Y

Applicant 2

Signed _____

Date

D	D	M	M	Y	Y