

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 Tenancy

Please return completed application form to

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

Telephone No: 01 8905000 / 01 8905902

Email: housing.allocations@fingal.ie

Website: www.fingal.ie

ACKNOWLEDGEMENT FOR TRANSFER OF TENANCY 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 of Tenancy.

1. General:

- (a) Your rent account must not be in arrears
- (b) All persons residing in the dwelling must be correctly assessed for rent
- (c) You must submit up to date proof of income for all relevant household members

A person who wishes to become a tenant:

- 1) Must be residing in the dwelling for a period of 2 years and assessed for rent for that duration
- 2) Must never have owned/jointly owned property
- 3) Cannot be a current tenant of any other Local Authority
- 4) If the applicant(s), 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.

2 Documents required:

- (a) Marriage Certificate (if creating a joint tenancy on marriage)
- (b) Death Certificate (if a current tenant has passed away)
- (c) Custodial Order/Separation Order/ Divorce Decree (if application being made in event of relationship breakdown)

It is important to note that another Transfer of Tenancy will not be carried out within two years of a previous Transfer of Tenancy being completed

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 Tenant 2 (if applicable)

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

Tick if a Joint Tenants

TENANT 1

1. PPSN

FIGURES										LETTERS							

2. First Name

Surname

3. Address of Tenancy

Eircode

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How long have you lived at this address

YEARS				MONTHS			

4. Telephone/mobile number

5. Date of birth

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"/>		

8. Date of marriage (if applicable)

(attach marriage certificate)

D	D	M	M	Y	Y

TENANT 2

FIGURES										LETTERS							

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YEARS				MONTHS			

D	D	M	M	Y	Y

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"/>		

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

Form area for Applicant 1, containing a large text box for question 9, a checkbox for question 10, and an email address input field.

Form area for Applicant 2, containing a large text box for question 9, a checkbox for question 10, and an email address input field.

PART 2: DETAILS OF HOUSEHOLD MEMBER TO BE ADDED/REMOVED FROM TENANCY

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

Please list all members of the household below

Name	<u>Date of Birth</u>						<u>PPSN</u>				Relationship to Main Tenant
	D	D	M	M	Y	Y	FIGURES		LETTERS		

Please list person to be added/removed from the tenancy below

Name		D	D	M	M	Y	Y	FIGURES		LETTERS	
<input type="text"/>		<input type="text"/>									

PART 3: CURRENT ACCOMMODATION

Date Tenancy commenced

<input type="text"/>							
D	D	M	M	Y	Y		

Number of bedrooms in current accommodation

Account is up to date

Arrears

Status of Current Rent Account - *please tick*

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 of tenancy?

Adding a Person

Removing a Person

Name Change

Other, give details

Application for
TRANSFER OF TENANCY 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