

**Application for Transfer to alternative accommodation  
on *Downsizing* grounds  
Dún Laoghaire-Rathdown County Council**

Name of Applicant(s): \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Area to which transfer is requested:**

- Area 1. Ballyogan, Glencullen, Stepside, Kiltarnan, Rathmichael, Sandyford South
- Area 2. Dundrum, Stillorgan, Cherrywood, Ballinteer, Sanyford North, Carrickmines
- Area 3. Blackrock, Dun Laoghaire, Shankill, Ballybrack, Dalkey, Bray

Members of Household	Relationship to Applicant(s)	Date of Birth	Occupation	Name of Employer/School	Address of Employment	Income

Type of Accommodation: House  Flat  Apt  Duplex  Bungalow  Upstairs  Downstairs

No. of Bedrooms \_\_\_\_\_ Condition of Dwelling: \_\_\_\_\_

Alterations carried out by tenants: \_\_\_\_\_

**NOTE: Tenants whose rent account and/or water/domestic refuse collection accounts are in arrears, or whose paying records are unsatisfactory, will not be considered for a transfer.**

**Tenant's present accommodation must be in good re-let condition prior to consideration being given to their transfer application.**

It is the policy of Dun Laoghaire Rathdown County Council that applicants who apply to them for transfer to alternative accommodation, and whose application is being considered, will have their application considered on Estate Management grounds before an offer is finally made.

This Housing Authority may refuse to make, or defer, an offer of alternative accommodation to a person where

- (1) The Authority considers that the person is, or has been, engaged in anti-social behaviour, or that a letting to that person would not be in the interest of good estate management, or
- (2) The person fails to provide information relating to their application, or to persons residing with them, which is requested by the Housing Authority, and which the Authority considers necessary in connection with an application for letting.

**PTO →**

**Next of Kin Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail: \_\_\_\_\_

**Collection and Use of Data:**

**Dún Laoghaire-Rathdown County Council** will use the data which you have supplied to assess and administer your Medical Transfer application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud.

**Dún Laoghaire-Rathdown County Council** 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, and I/we understand that the provision of any false or misleading statements may lead to this application being cancelled and/or an offer of accommodation being withdrawn.

The local authority reserves the right to exclude an applicant from consideration for a transfer if he/she supplies false information or withholds relevant information on this form or at subsequent interviews.

In addition any person who gives false or misleading information may be guilty of a serious offence and may be liable for prosecution.

I/we undertake to notify Dun Laoghaire-Rathdown County Council immediately should there be any change from the information provided, or in my/our circumstances.

**Signature of Tenant:(1)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Tenant:(2)** \_\_\_\_\_

**Date:** \_\_\_\_\_