

Transfer of Tenancy Application Form

Explanatory Memorandum

1. Please read this form carefully and answer all questions fully.
2. If you have any questions, please contact the Housing Allocations department on 01 205 4700.

3. Please submit the following documents with your application form:

(a) Unabbreviated form (long version) of birth certificate(s) in respect of all persons resident in the dwelling.

(b) Unabbreviated form of your marriage certificate (if applicable).

(c) Death certificate of deceased tenant(s) (if applicable).

(d) Certification by Inspector of Taxes on attached form in respect of all persons aged 18 or above resident in the dwelling.

(e) Evidence of income for everyone resident in the dwelling who is aged 18 or above.

- q If employed, provide your P60 PAYE tax certificate from the previous tax year, or a letter from your employer, or two recent payslips.
- q If unemployed, provide evidence of current income, i.e. a letter from your local Social Welfare office.
- q If in full time education, please provide a letter from the educational institution attended.

(f) Full details of all other sources of income must be documented.

(g) Photographic identification (e.g. passport, driver's licence) for everyone resident in the dwelling who is aged 18 or above.

For Office Use Only

4. Attention is directed to the provisions of Section 4, 61 and 64 of the Housing Act, 1966. Please note that under the provisions of the foregoing sections, any person who is required under these sections, and who makes a statement in writing which, to his/her knowledge, is false or misleading in a shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding €1,269.74. An applicant may be excluded from consideration if he/she supplies false information or withholds relevant information.

5. Please note that information contained in this form may be disclosed to Health Boards and Voluntary Housing bodies within the terms of Section 15 of the Housing (Miscellaneous Provisions) Act, 1997.

TRANSFER OF TENANCY

Housing Allocations Section  
 County Hall  
 Marine Road  
 Dun Laoghaire

Applicant(s): \_\_\_\_\_

Phone No: \_\_\_\_\_

Current Tenant(s): \_\_\_\_\_

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

\_\_\_\_\_

PARTICULARS OF HOUSEHOLD MEMBERS <i>(To be completed in full):</i>						
Members of Household	Relationship to Applicant	Date of Birth	Occupation	Name/Address of Employer/School	Location of Employment	Income

Weekly Rent €\_\_\_\_\_ Amount Clear/Arrears/Credit (delete whichever is not applicable)

No. of Bedrooms in Dwelling \_\_\_\_\_

Condition of Dwelling\_\_\_\_\_

Alterations carried out to dwelling: \_\_\_\_\_

\_\_\_\_\_

***NOTE:** An application for transfer of tenancy will not be considered if the rent account and/or water/domestic refuse collection accounts are in arrears, or where paying records are unsatisfactory.*

Reason for requesting transfer of tenancy (if by reason of marriage a Marriage Certificate must be submitted):

\_\_\_\_\_

I hereby declare that the foregoing information is correct, and apply to Dun Laoghaire-Rathdown County Council for transfer of tenancy. I am prepared to pay rent in accordance with the Council's Differential Rent Scheme, in the event of my application being successful.

Signature(s) of applicant(s): \_\_\_\_\_

Signature(s) of tenant(s): \_\_\_\_\_

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

IMPORTANT: this form must be completed by you and certified by the Inspector of Taxes before you return it with completed application form to the Council. Tax offices: 15/17 Upper O'Connell Street, Dublin 1, or alternatively at Level 2, The Square, Tallaght.

TO BE COMPLETED BY APPLICANT:

1. YOUR FULL NAME: \_\_\_\_\_  
(BLOCK LETTERS)
2. PREVIOUS NAME (IF ANY): \_\_\_\_\_
3. PRESENT ADDRESS: \_\_\_\_\_
4. PREVIOUS ADDRESS: \_\_\_\_\_
5. PPSN: \_\_\_\_\_

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase/build a dwelling.

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

OFFICIAL STAMP



TO BE COMPLETED BY SECOND OR SUBSEQUENT APPLICANT:

1. YOUR FULL NAME: \_\_\_\_\_  
(BLOCK LETTERS)
3. PREVIOUS NAME (IF ANY): \_\_\_\_\_
3. PRESENT ADDRESS: \_\_\_\_\_
4. PREVIOUS ADDRESS: \_\_\_\_\_
5. PPSN: \_\_\_\_\_

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase/build a dwelling.

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

OFFICIAL STAMP

