

Application for inclusion on Mutual Transfer List

DATE	
TENANTS NAME	
ADDRESS	
HOW LONG THERE	
CURRENT ACCOMMODATION TYPE & BEDSIZE	
IS THIS A DLRCC Property	
HOUSING BODY	
PREFERRED AREA	
PHONE NUMBER	
EMAIL	
COMMENTS	

Members of Household:

Name	Date of Birth	PPS	Relation to tenant

Please note it is the tenant's responsibility to identify someone with whom to mutually transfer. The Mutual Transfer List is available for inspection Monday to Friday from 10am to 4 pm at the Housing Department, Dun Laoghaire Rathdown County Council, County Hall, Marine Road, Dun Laoghaire, Co Dublin.

Only applications to mutually transfer that are like-for-like accommodation or that make better than the existing use of the accommodation can be considered and all application to mutually transfer are at the discretion of the Administrative Officer of the Housing Allocations.

The accommodation involved must suit the needs of both sets of applicants i.e. the households mutually transferring must have a bed size need matching the property they wish to transfer to.

You are advised that by completing this form you are consenting to your details being made available to other tenants on the mutual transfer list.

I/We wish to be included on the Mutual Transfer List. Yes No

I/We _____

Give my / our permission for our names(s), address and contact information to be shared with other persons seeking to mutually transfer.

Signed: _____

Signed: _____

Date: _____

IF YOU ARE CURRENTLY RENTING FROM AN APPROVED VOLUNTARY ASSOCIATION

What is the name of the AHB: _____

What is the name of your Housing Officer: _____

How many bedrooms in your current property: _____

How long have you lived there: _____

If a partner or child has joined your household since you signed your tenancy for your current address, please note in the page above and submit a copy of the birth certs and PPS numbers with this application.

Signed: _____ Date: _____