

*APPLICATION FOR TRANSFER TO ALTERNATIVE ACCOMMODATION  
ON MEDICAL GROUNDS  
DUN LAOGHAIRE- RATHDOWN COUNTY COUNCIL*

Housing Allocations Section  
County Hall  
Dún Laoghaire  
Ph: 2054700 ext: 4582  
Fax: 2081856

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

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

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

Present Address of Applicant's Parents: \_\_\_\_\_

Present Address of Spouse's Parents: \_\_\_\_\_

Area to which transfer is requested: \_\_\_\_\_

MEMBERS OF HOUSEHOLD	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	OCCUPATION	NAME/ADDRESS OF EMPLOYER/SCHOOL	LOCATION OF EMPLOYMENT	INCOME

Weekly Rent €\_\_\_\_\_ 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 rent-paying and/or water/domestic refuse charge-paying records are unsatisfactory, will not be considered for a transfer.

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

PTO à

*Medical Certificate must be submitted with this application form.*

*Applicants must have 3 years tenancy to be included on the Medical Transfer List*

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any false or misleading statements may lead to this application being cancelled and/or an offer of accommodation being withdrawn.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 Applicant (1): \_\_\_\_\_

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

Signature of Applicant (2): \_\_\_\_\_