

Application form for housing transfer

This form is also available in large print.

Tá míle fáilte romhat an fhoirm seo a líonadh i nGaeilge agus tá leagan Gaeilge den fhoirm seo ar fáil chomh maith.



Comhairle Chontae na Gaillimhe Galway County Council



You must complete all questions on this form – incomplete applications will be returned.

Section 1 - Particulars of applicant(s) & household applying for transfer

Please include details of persons in house including yourself

First name	Surname	Date of birth	PPS no (including children's)	Relationship to applicant	Weekly income amount	Source of income	If employed, state name and place of employment

Address of current tenancy							
No. bedrooms in current tenancy				Ground floor			Upper floor
Telephone	Home			Mobile			

Section 2 - Grounds for applying for transfer

A transfer application will not normally be approved unless made under one of the following grounds. Complete each section by confirming whether you are applying on those grounds by writing 'yes' or 'no' in each box. Where you state 'yes', explain your reason for applying for a transfer under that heading.

Over-crowding

Down-sizing (elderly or small households who wish to surrender family-type accommodation and move to smaller accommodation)

Medical / compassionate grounds (medical grounds must be a serious physical disability or condition which affects your accommodation in your current tenancy, and you must submit a letter from your consultant / occupational therapist. This letter must clearly outline the nature of the disability / condition, how it is affecting your current accommodation, and what changes are required in terms of future accommodation)

If your application does not fit under the above approved grounds for transfer application, are there any exceptional circumstances or emergency grounds on which you are applying for transfer?

Section 3 - Other requirements relevant to transfer application

A transfer application will not normally be granted unless the tenant complies with the following criteria set down in the council's policy.

- A clear rent account
- Service and other charges paid
- Have kept their dwellings in a satisfactory manner
- Have complied with all conditions of their tenancy agreement
- Have no record of anti-social behaviour in their present dwelling
- Have been tenants of the present dwelling for at least 2 years

Rent: Is your rent account up-to-date? Yes No

If you answered 'no', what arrangements have you made to repay arrears and have you kept to this arrangement?

Services: Do you have arrangements in place for disposal of household refuse? Yes No

What arrangements have you in place? (e.g. wheelie bin collection service, bags, visit civic amenity site)

Please note that you will be asked to produce these at the assessment of your application.

Anti-social behaviour: Have you or any of the other persons on this application, been or are being, investigated or convicted in respect of matters relating to anti-social behaviour or public order offences while in your current tenancy?

Yes No

If you answered 'yes', please give the name of each person and details of the investigation or conviction.

Previous transfer application(s): Have you previously applied for transfer? Yes No

If yes, please give details of outcome:

Areas of preference for current transfer application:

1.	2.	3.
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Section 4- Declaration

Please read this declaration carefully, then sign and date it when you are satisfied that you understand it.

- i. Applications will only be accepted when they are signed, and the date of application will only be set down when all grounds & criteria for a transfer have been met in the opinion of the council.
- ii. Your application for transfer will be assessed by an Investigating Officer, and a decision on your application will be notified in writing to you by the Housing Officer.
- iii. Galway County Council may, for the purposes of the Housing Acts 1966 to 1998, request and obtain information from other public bodies for the purpose of the prevention or detection of fraud.

I / we wish to apply for a transfer as indicated above, and declare that the information given on this application is true and correct.

I / we undertake to notify the council immediately should there be any change from the information provided in this application.

I / we understand that the provision of any false or misleading statements may lead to this application being cancelled, and authorize Galway County Council to make necessary enquiries regarding this application to verify the information given.

Note: This declaration must be signed by both parties if it is a joint application.

Signed		Date	
Signed		Date	

Return completed form to

Housing Unit
Galway County Council
County Hall
Prospect Hill
Galway

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📠 (091) 509299

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