



COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL
HOUSING SECTION

Sligo County Council, County Hall, Riverside, Sligo Tel: 071 911 1217

APPLICATION FOR TRANSFER TO ALTERNATIVE HAP ACCOMMODATION
(AFTER 2 YEARS TENANCY)

Please read the following notes carefully before completing this application form.

If you are a HAP tenant you may apply for a transfer to alternative accommodation after a tenancy of 2 years. If your transfer application is approved a new HAP Pack will issue to you and you shall source alternative accommodation independently.

Transfers to alternative accommodation may be considered on the following grounds only:

- **Overcrowding** –Section 63 of the Housing Act, 1966 (will be subject to technical inspection to verify this).
- **Medical** – e.g. Special adaptations to dwelling / ground floor accommodation required to meet a housing need (*must* be accompanied by Occupational Therapists Report, Consultant's letter and /or relevant documentation).
- **Downsizing** - Considered as part of the Councils' policies on management of housing stock and or demand for social housing in particular areas. Consideration will be given to the demand for the property, were it be vacated.

Tenants must also fulfil the following criteria:

- Held a tenancy at current address for at least two years
- Have a clear rent account (evidence must be submitted by tenants of another Housing Authority / Approved Housing Body)
- Complied with all conditions of Tenancy Agreement
- Have no record of anti-social behaviour (will be subject to verification with Housing Investigations Officer)

PLEASE ANSWER ALL QUESTIONS IN FULL:

(1)Name (Tenant): _____

(2 Name (Joint Tenant): _____

Address: _____

Contact Phone Numbers: (1) _____ (2) _____

Please state the ground(s) under which you are applying for a transfer by ticking the relevant box

(A) Overcrowding (B) Medical (C) Downsizing

If applying on medical grounds, please submit a letter from your Consultant / Occupational Therapist. An Occupational Therapist's report should detail what adaptations (if any) are necessary to be carried out on any property specific to your accommodation requirements. For children aged 5 and under, please confirm in writing that an Assessment of Need, consistent with Part 2 of the Disability Act, 2005, has been carried out by the HSE and submit relevant details thereof relating to the housing element of the Assessment of Need report. A Consultant's letter should detail any medical condition and as to how it impacts upon your housing need.

Have you or any member of your household been involved in anti-social behaviour? Y/N _____

All occupants over age 18 must sign a 'Declaration Form – Access to Information' and return with this application.

If yes, Please give details _____

Please provide any other information you think is relevant to your application hereunder:

DECLARATION

I / We the undersigned declare that the foregoing information is correct and wish to apply to Sligo County Council for a transfer to another HAP Property.

I/ We the undersigned declare that the above named household members are normally resident at this address listed above.

I/ We the undersigned authorise Sligo County Council to make whatever enquiries it considers necessary to verify details.

Signed (1) Tenant _____ (2) Joint Tenant _____

Date: _____ Date _____

'Sligo County Council is compliant with Data Protection Legislation including the provisions of the Data Protection Act 2018 and GDPR. To access Sligo County Council's Privacy Statement, please click the following link

http://www.sligococo.ie/gdpr/SligoCoCo_DataPrivacyStatement.pdf

INFORMATION - AREA(S) OF CHOICE

- Up to **three** areas are permitted to be specified at any given time from the list of areas in the Sligo Electoral Area (Urban), Sligo Electoral Area (Rural) & the Ballymote – Tobercurry Electoral Area. Areas are NOT ranked in priority; you must specify areas that you would be willing to accept an offer of accommodation.
- For Sligo Electoral area (Urban), **select between Areas A – F** (It is not possible to select individual housing estates), you will be considered for all estates listed within the area specified.
- For Sligo Electoral area (Rural) or Ballymote –Tobercurry Electoral area, please select location as specified on list. (It is not possible to select individual Housing Estates).

SLIGO ELECTORAL AREA (URBAN)

Areas	Houses in the General Areas of
A	Abbey Court, Abbey St. Lower, Carroll Drive, Chapel Hill, City Gate, Collery Drive, Cranmore Drive, Cranmore Villas, Cranmore Place, Devins Drive, Garavogue Villas, Geldof Drive, Hazel View Tce, Joe McDonnell Drive, John Fallon Drive, Langan Drive, McNeill Drive, Pilkington Tce, St Annes, St Asicus Tce, St Brigids, St Joachims Tce., Riverview Lodge, Yeats Drive.
B	Cairns Drive, Crozon Crescent, Crozon Downs, Crozon Park, Fatima Ave, Greenfort, Hawthorns, Heatherview, Innisfree Court, Mailcoach Road, St Josephs, Summerhill Village, Temple Street, Woodtown Lodge.
C	Benbulben Tce, Cartron Heights, Cartron Point, Park, Sea Road Apartments, Seafield Avenue, St Johns Tce, St Edwards Tce, Sea View Park.
D	Ashbury Lawns, Ballinode, Beechwood Court, Brookfield, Cartron Estate, Church View Crescent, City View, Dartry View, Elm Gardens, Glenard, Glencarrig, Holborn Street, Molloway Place, Mulberry Park, Rathbraughan Park, Shannon Eighter, Slieve Mor, Stephen McDonagh Place, The Woodlands, Yeats Heights,
E	Ardee Tce, Ard na Veigh, Ashgrove, Beechlawn, Church Hill, Hazelgrove, Jinks Ave, Maugheraboy Estate, Oak Park, Oakfield Crescent, Oakfield Park, Nazareth House, Treacy Ave, Willow Park.
F	Caltragh Crescent, Caltragh Heights, Knocknaganny, Rusheen Ard.

SLIGO ELECTORAL AREA (RURAL)

BALLINFULL
BALLINTOGER
BALLISODARE
CARNEY
CARRAROE
CLIFFONEY
COLLOONEY
GRANGE
ROSSES POINT
STRANDHILL

BALLYMOTE-TOBBERCURRY ELECTORAL AREA

ACLARE	EASKEY
BALLINACARROW	ENNISCRONE
BALLINAFAD	GEEVAGH
BALLYMOTE	GURTEEN
BUNNINADDEN	KEASH
CLOONACOL	MONASTERADEN
COOLANEY	RIVERSTOWN
CULFADDA	SKREEN
DROMORE WEST	TUBBERCURRY



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SLIGO COUNTY COUNCIL**

Sligo County Council Housing Tel: 071 911-1111

For official use only

iHouse Ref: _____

ACCESS TO INFORMATION

I/We hereby authorise Sligo County Council to have access to, share and process all data, including sensitive data, in relation to myself/ourselves and/or occupants or prospective occupants of my/our household, which may be recorded or held by another Housing Authority, Statutory and/or Voluntary Bodies, The Criminal Assets Bureau, An Garda Síochána, General Practitioners/Consultants, the Health Service Executive [HSE], Túsla, Department of Employment Affairs & Social Protection, current/previous Landlords, Approved Housing Body or other relevant Body for the purposes of preventing or detecting fraud and in carrying out its functions under the Housing and other relevant Acts.

The Housing Authority may also process this data for research purposes including the forward planning and the assessment of housing needs in conjunction with the Department of Housing, Planning & Local Government.

Signature of Applicant: _____ Signature of Joint Applicant: _____
(where relevant)

Print Name: _____ Print Name: _____

Date: ____/____/____ Date: ____/____/____

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Signature of Housing Staff Member _____

Date: _____



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CONSENT FOR ADVOCATE/REPRESENTATIVE

I/We hereby give consent to *(enter the name & address of person you wish to nominate as an advocate/representative on your behalf)*.

Name: _____

Address: _____

Contact No. _____ E-mail address _____

to have access to all data, including sensitive data held by Sligo County Council for the purposes of carrying out its functions under the Housing Acts. I/We also give permission to the above named advocate/representative to receive a copy of all correspondence which will issue from the Housing Office and to submit information to Sligo County Council on my/our behalf for the purposes as stated above.

Signature of Applicant: _____ Signature of Joint Applicant. _____
(if applicable)

Print Name: _____ Print Name: _____

Date: ____/____/____ Date: ____/____/____

Signature of Nominated Advocate / Representative _____

Note: Proof of identification of Advocate/Representative to be provided (except in the case of an Elected Representative of Sligo County Council or a Dáil Deputy for the Sligo-Leitrim Constituency)

Proof of identification submitted for the named advocate/representative:

For official use only

Passport Public Service Card Other (Specify) _____