



**COMHAIRLE CHONTAE SHLIGIGH
SLIGO COUNTY COUNCIL**

Sligo County Council Housing Telephone: 071 9111111
Housing Office, County Hall, Riverside, Sligo

www.sligococo.ie

e-mail housing@sligococo.ie

For official use only

iHouse Ref: _____

Application to Transfer a Housing Assistance Payment (HAP) to another Property

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

If you have held a HAP tenancy for 2 years or longer you may apply to transfer your HAP to another property.

Please note Clause 17 of your Rent Contribution Agreement states:

“In accordance with the Act, the HAP Claimant must remain in the property for a minimum period of 2 years. The HAP Claimant will not be eligible to benefit from another HAP payment for a period of 1 year if they leave the property within the 2 year period. The HAP claimant can only move in exceptional circumstances and they must receive permission from the Local Authority before they move.”

If you leave HAP without permission you will not be eligible to benefit from another HAP for a period of 1 year from the date of exiting HAP.

If your transfer application is approved, it will be necessary for you to source alternative private rented accommodation.

A transfer of HAP 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.*
- For household you have held a HAP Tenancy for a minimum of two years.

In addition to the above grounds, tenants must also fulfil the following criteria;

- Held a HAP tenancy at their current address for at least two years
- Have a clear HAP rent account.
- Complied with all conditions of their HAP Tenancy Agreement
- Have no record of anti-social behaviour (*will be subject to verification with Housing Investigations Officer*)

If you require further information with regard to your HAP rent account you may make contact with the HAP Shared Services Centre on 061 556600, selecting **Option 1 only**, have your Customer ID No to hand and ask for the Debt Management Unit or via e-mail to hapcollections@limerick.ie

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 follow this link:

<https://www.sligococo.ie/gdpr/>



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PLEASE ANSWER ALL QUESTIONS IN FULL:

(1) Name (Tenant):

(2 Name (Joint Tenant):

Address:

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

E-mail Address: (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 2 Years in HAP Tenancy

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.

Length of Tenancy at current address: _____ Years _____ Months

Number of bedrooms in your property: _____ Number of Bedrooms Required _____

Condition of Property:

** An inspection of your property may be carried out prior to approval of any transfer.*



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Please list all current occupants of your dwelling hereunder:

Name	SEX (M/F)	Relationship to Tenant	Date of Birth	PPSN	Occupation	Weekly Income

Do you have a clear rent account? Y/N _____ Weekly Rent Amount? € _____

All occupants over age 18 must sign and submit a 'Declaration Form – Access to Information' (unless previously submitted) to this office.

A Declaration Form – Access to Information form can be accessed via the link below or by requesting one from this office 071 911 1221.

<https://www.sligococo.ie/housing/Accommodation/CouncilHousing/CouncilHousingApplicationForms/>

Have you or any member of your household been involved in anti-social behaviour? Yes No

If yes, Please give details _____

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



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ONLY COMPLETE AND VALID APPLICATIONS WILL BE ACCEPTED; have you enclosed documentation to support your transfer application? Y/N _____

e.g. Occupational Therapist Report, Consultant's Letters, other relevant documentation, etc.

DECLARATION

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

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: _____