**COMHAIRLE CONTAE SHLIGIGH**

**SLIGO COUNTY COUNCIL**

**HOUSING SECTION**

***Sligo County Council, County Hall, Riverside, Sligo Tel: 071 911 1816***

**APPLICATION FOR TRANSFER TO ALTERNATIVE ACCOMMODATION**

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

If you are a Council tenant you may apply for a transfer, in very limited circumstances, to alternative accommodation with the Council. **Transfers are facilitated in accordance with the Council’s Allocation Scheme and will only be granted in exceptional circumstances.** If your transfer application is approved, you will be placed on the transfer waiting list and considered with all other households in the event of a suitable vacancy becoming available in your area(s) of choice. Your transfer application will be subject to on –going review and your name may be removed from the transfer waiting list where it is deemed you are no longer eligible or in need of a transfer.

**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).*
* **Housing Adaptation** – *households where the existing dwelling cannot be adapted to meet their needs.* *(Applications must be accompanied by Occupational Therapists Report, Assessment of Need Report (where relevant) and /or relevant documentation).*
* **Downsizing** – *Considered as part of the Council’s policy on management of housing stock and or demand for social housing in particular areas. Consideration will also be given to the demand for your property, were it to be vacated. Applications under this heading are severely restricted due to the cost implications for the Council in returning property for re-let (existing property will be subject to inspection)*

**In addition to the above grounds, 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 an Approved Housing Body)*
* Kept current dwelling in a satisfactory condition (*will be subject to property condition inspection*)
* Complied with all conditions of Tenancy Agreement
* Have no record of anti-social behaviour (*will be subject to verification with Housing Investigations Officer)*
* Provide evidence from current landlord that it cannot provide adequate accommodation from within its own housing stock (*applicable to tenants of an Approved Housing Body)*

**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) Housing Adaptation (C) Downsizing**

***NB: All Transfer Applications will be subject to a Technical Inspection of your current dwelling.***

***If applying on Housing Adaptation grounds, please submit a letter from your 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.*

**Length of Tenancy at current address: \_\_\_\_\_\_\_\_ Years \_\_\_\_\_\_\_\_\_\_\_ Months**

**Number of bedrooms in your property: \_\_\_\_\_\_ Number of Bedrooms Required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Condition of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**MPRN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPRN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(see ESB Bill) (see Gas Bill)**

**Please list all current occupants of your dwelling hereunder:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **SEX**  **(M/F)** | **Relationship to Tenant** | **Date of Birth** | **PPSN** | **Occupation** | **Weekly Income** |
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**Do you have a clear rent account? Y/N \_\_\_\_\_ Weekly Rent Amount? € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 state the area(s) to where you wish to be transferred?**

*See list of locations overleaf and select from: Areas of Choice A - F for Sligo Electoral area (urban), or locations listed for Sligo Electoral area (Rural), or Ballymote-Tobercurry Electoral area.*

**Area(s) of Choice: 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Only complete and valid applications will be accepted; have you enclosed documentation to support your transfer application? Y/N \_\_\_\_\_\_\_**

*E.g. Occupational Therapist Report, Assessment of Need Report (where relevant), other relevant documentation, etc.*

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 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)**

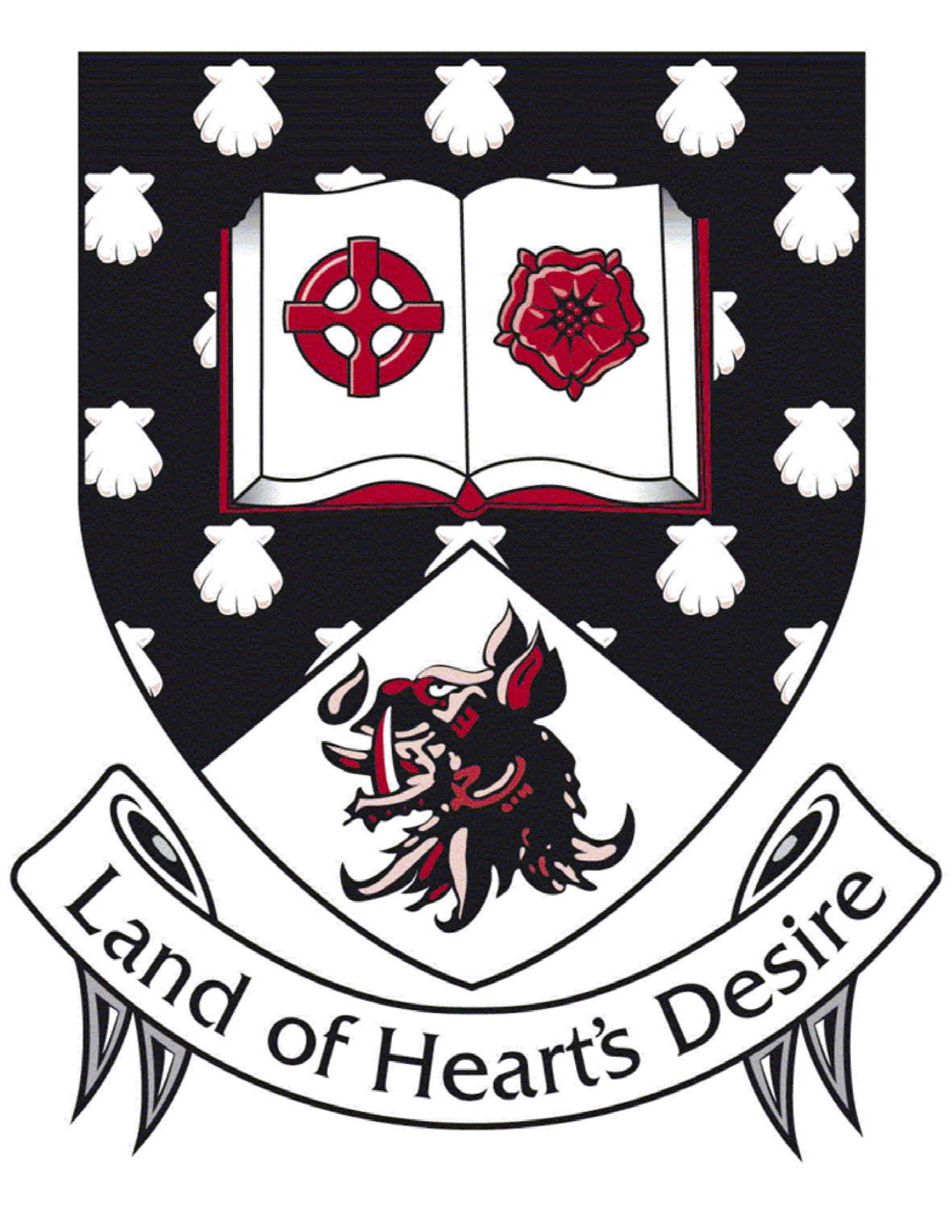
|  |  |
| --- | --- |
| **Areas** | **Houses in the General Areas of** |
| **A** | Abbey Court, Abbey St. Lower, Carroll Drive, Chapel Hill, City Gate, Collery Drive, Cranmore Drive, Cranmore Villas, Cranmore Place, Devins Drive, Garavogue Villas, Geldof Drive, Hazel View Tce, Joe McDonnell Drive, John 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 BALLYMOTE-TOBBERCURRY**

|  |  |
| --- | --- |
| **ACLARE** | **EASKEY** |
| **BALLINACARROW** | **ENNISCRONE** |
| **BALLINAFAD** | **GEEVAGH** |
| **BALLYMOTE** | **GURTEEN** |
| **BUNNINADDEN** | **KEASH** |
| **CLOONACOOL** | **MONASTERADEN** |
| **COOLANEY** | **RIVERSTOWN** |
| **CULFADDA** | **SKREEN** |
| **DROMORE WEST** | **TUBBERCURRY** |

**(RURAL) ELECTORAL AREA**

|  |
| --- |
| **BALLINFULL** |
| **BALLINTOGHER** |
| **BALLISODARE** |
| **CARNEY** |
| **CARRAROE** |
| **CLIFFONEY** |
| **COLLOONEY** |
| **GRANGE** |
| **ROSSES POINT** |
| **STRANDHILL** |

**COMHAIRLE CHONTAE SHLIGIGH**

For official use only

iHouse Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SLIGO COUNTY COUNCIL**

Sligo County Council Housing Tel: 071 911 1111

# 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)

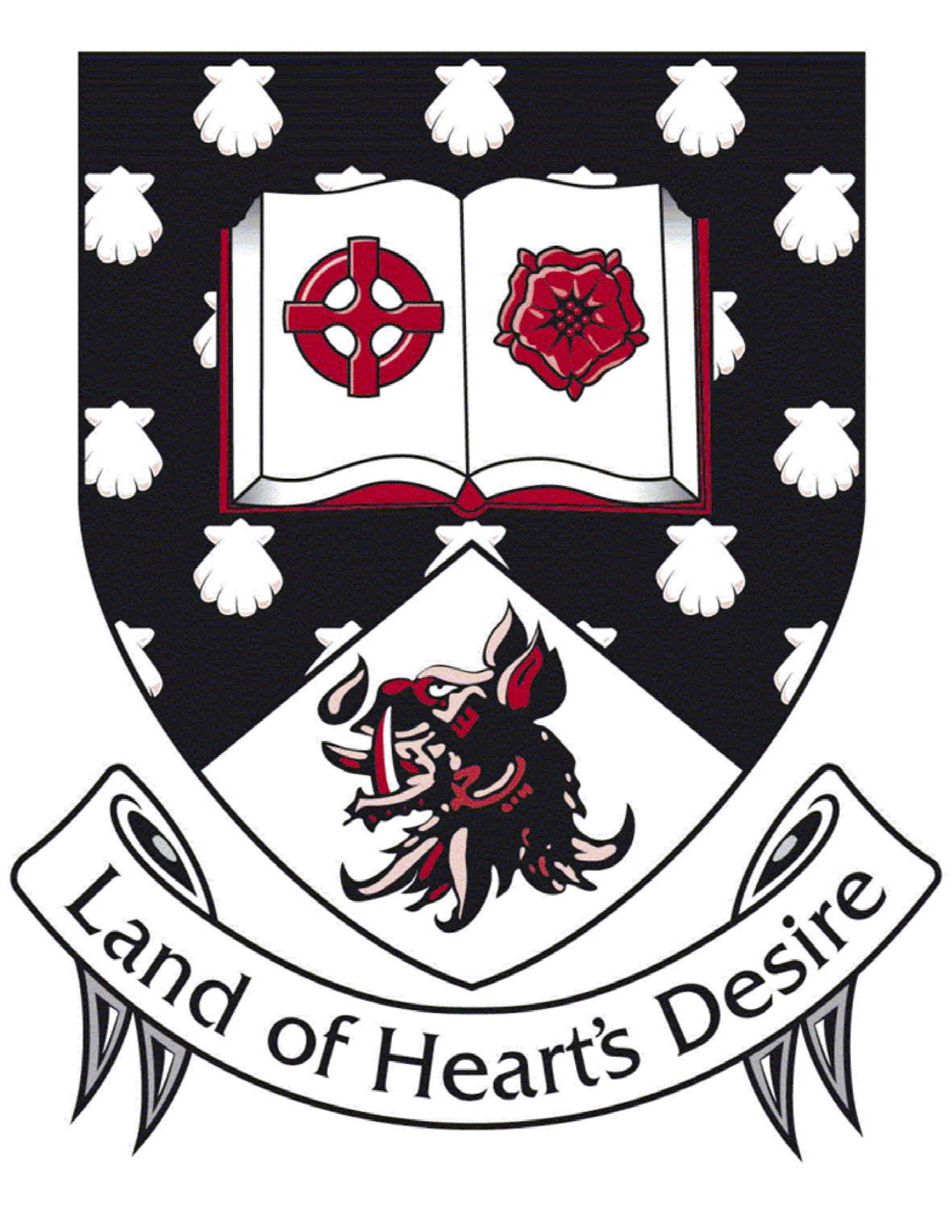
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Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Official Use only*

Signature of Housing Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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For official use only

iHouse Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMHAIRLE CHONTAE SHLIGIGH**

**SLIGO COUNTY COUNCIL**

Sligo County Council Housing Tel: 071 911-1111

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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)**

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***Proof of identification submitted for the named advocate/representative*:**

Passport Public Service Card Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_