**APPLICATION FOR TRANSFER TO ALTERNATIVE ACCOMMODATION**

**NOTE: Applications for transfer can only be considered where the tenant has a clear rent account for at least six months prior to application. The Tenant(s) / Household must have NO history of anti-social behaviour.**

**Tenants of the Council, including tenants of dwellings provided under the Social Housing Leasing Initiative, RAS, or by AHB’s may apply for consideration for a transfer to other dwellings, under the following circumstances -**

1. **overcrowding;**
2. **where older persons and other households wish to move to smaller accommodation (downsizing);**
3. **medical reasons – independent medical assessment may be sought when applying on medical grounds (completed HMD form must be included)**

**Notwithstanding the above, tenants seeking a transfer must fulfil the following requirements to the satisfaction of the housing authority –**

* **have a clear rent account for at least six months**
* **have kept their dwelling in satisfactory condition, subject to inspection;**
* **have complied with the conditions of their Tenancy Agreement**
* **have no record of anti-social behaviour.**

**The Refusal Policy will also apply to applicants for a Transfer.**

**N.B. Tenants of dwellings provided under the Social Housing Leasing Initiative, RAS or by AHB (Cluid, Respond etc) must also include the following from their Landlord:**

* **confirmation of date tenancy commenced**
* **evidence of a clear rent account**
* **evidence of no record of ASB.**

**FAILURE TO SUBMIT THE REQUIRED INFORMATION MAY RESULT IN YOUR APPLICATION BEING CLOSED**

**Address of your current Council Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **PARTICULARS OF APPLICANT AND FAMILY (TO BE COMPLETED IN FULL)** | | | | | | |
| Members of Household | Sex (M/F) | PPS No. | Date of Birth | Occupation | Name/Address of Employer/School | Income |
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**\*Please note this application cannot be processed without PPS Numbers for all members of the household**

Have you/your partner previously made an application for a transfer? YES/NO

Weekly Rent €\_\_\_\_\_\_\_\_No. of Bedrooms: \_\_\_\_\_\_\_\_ Condition of Dwelling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MPRN No: (see Electricity Bill) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPRN No: (see Gas Bill) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Type: Apartment Mid Terrace End –Terrace

Semi Detached Detached

Alterations carried out by Local Authority (to include special adaptations):

Have you/spouse/partner previously had a tenancy with any Local Authority: YES/NO

IF YES, Please state:

|  |  |  |
| --- | --- | --- |
| Name of Authority | Address of Dwelling | Dates of Tenancy (From – to) |
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Reason for requesting Transfer: (medical, downsizing, overcrowding,)

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***Completed HMD form must be submitted if transfer is based on medical need***

**Longford County Council reserves the right to liaise with the Health Service Executive (HSE), An Garda Siochána, Department of Social Protection and other Statutory Bodies**

**AREA OF PREFERENCE FORM**

**Please indicate preferred Area by ticking box alongside the AREAS Listed below. You may tick up to a maximum of 3 areas.**

***N.B. Please note that if your application is approved you will be considered for a transfer to any properties that become available for allocation in the areas for which you have indicated preferences.***

Abbeylara Abbeyshrule Ardagh

Aughnacliffe Ballinamuck Ballymahon

Ballinalee Barry Clondra

Colehill Drumlish Edgeworthstown

Granard Kenagh Killashee

Killoe Lanesborough Legan

Lisryan Longford Moydow

Moyne Mullinalaghta Newtowncashel

Newtownforbes Taghshinny

**I wish to be considered for Voluntary Housing 🖵**

**Maintenance:**

In advance of approval of any transfer a dwelling inspection will be carried out by a Housing Inspector.

Note: All houses are photographed before tenant agreement signed / handed out and transfers will only be granted when houses are returned in the same condition as when they were first let.\*

1. If it is deemed that repairs are necessary for the application to proceed, the necessary work will be outlined to the tenant and they may not request a re-inspection of the property until the requested works are completed. **Only 1 re-inspection request per application will be permitted.**
2. Photos will be taken on condition of dwelling on 1st inspection.
3. If the Transfer Application is successful, the following measures should be carried out prior to the second (final) inspection: -

* All household rubbish and furniture must be removed from the dwelling, which includes the attic, front and rear gardens.
* Grass to be cut and gardens to be levelled and any holes filled with soil and left in clean condition.
* All floors to be swept and mopped. Kitchen units should be washed & left in clean condition.
* All refuse bins must be clean and empty.
* All electrical sockets, light switches, smoke alarms and heat detectors must be in working condition (i.e. must not be painted over or broken).

***\*Should all the identified repairs and above measures not be satisfactorily carried out on second inspection the tenant will be deemed ineligible to transfer and will not be eligible to re-apply for transfer for a period of 5 years.***

**NB** If, following a transfer, a dwelling is subsequently found to be in a condition which is not in line with the above standards, the Council will seek to recover any costs that it incurs in bringing it up to the required standards.

I hereby declare that the foregoing information is correct and apply to Longford County Council for a transfer. I confirm that the dwelling I am transferring from will be available for inspection regarding the conditions outlined above. I am prepared to pay rent in accordance with the Council’s Differential Rent scheme, in the event of my application being successful.

**SIGNATURE OF APPLICANT(S):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPLICATIONS SHOULD BE RETURNED BY POST OR BY HAND TO:-

**Longford County Council, Housing Department, Town Hall, Market Square, Longford N39 C5F2**