



Housing Transfer Application Form

Guidance Notes

In order for transfers to be considered there must be a material change in the households housing need which can be demonstrated. This change in need should not have been a factor in the first allocation of housing support to justify a transfer.

Transfers will not be considered within two years of an allocation of housing support.

Housing Authority tenants including applicants for transfer from the Rental Accommodation Scheme, Voluntary Housing Bodies or Social Leasing will be considered for a transfer to other Housing Authority dwellings under the following circumstances.

1. Overcrowding
2. Where elderly and other small households wish to surrender family type accommodation and move to smaller accommodation.
3. Medical/compassionate reasons
4. Exceptional circumstances

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

- (a) Hold tenancy in their present dwelling for a period of at least two years.
- (b) A clear rent account for at least six months.
- (c) All service and other charges paid up to date.
- (d) Kept their dwelling in satisfactory condition.
- (e) Complied with all conditions of their Letting Agreement, and
- (f) Have no record of anti-social behaviour.

All questions on this form to be answered fully – incomplete applications will be returned - and not considered. This is a preliminary application form to allow initial assessment.

Transfers may be accommodated by transferring the applicant to an existing council owned vacancy or to a property leased by the council for providing social housing.

Further information will be required including the completion of a full housing application form as part of the application process should a transfer be initiated in respect of your application.

In conjunction with this application the housing authority may request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, the Minister for Social protection, the Health Service Executive or an approved housing body in relation to the persons included on this application form

**Completed forms to be forwarded to: Housing Section,
Monaghan County Council,
The Glen,
Glen Road,
Monaghan**

NOTE

The furnishing of false or misleading information is an offence liable to prosecution.

Part A: Applicants Details

Name(s): _____

Address: _____

Contact Phone Number: _____

Household Details

Household Details	Name	PPSN	Date of Birth	Weekly Income	Source of Income
Applicant					
Spouse/Partner					
Other family members State Relationship to applicant					

Has any member of the household in the the last five years being convicted of an offence under the following statutory provisions	Yes	No	If Yes, give details
Disorderly conduct in a public place			
Threatening, abusive or insulting behavior in a public place			
Retribution or display in a public place of material which is threatening, abusive insulting or obscene			
Riot			
Violent Disorder			
Assault or onstruction of a police officer or emergency personnel			

Has any member of the household been subject of a excluding order/interim excluding order			
Has any member of household failed to comply with a behavior order either under S117 of the Criminal Justice Act 2006 or the Childrens Act 2001			
Has any member of the household ever squatted in a local authority dwelling			
Has any member of the household ever been evicted from previous accommodation			

Part B: Existing Accommodation

Number of Bedrooms		No. of Toilets/Bathrooms	
Number of Living Rooms		Other Rooms	

Length of Present tenancy _____ years

Have you previously applied to this Council for a Transfer Yes _____ No _____

Preferred area to be transferred to _____

Reason for Seeking this area

Currently living in this area	
Currently employed in this area	
Currently in full time education in this area	
Currently attending educational or medical centre in the area that provides specific help related to the impairment	
A relative lives in the area and has lived there for the last 2 years	

Reason for Seeking a Transfer

Overcrowding	
Anti Social Behaviour	
Medical (Submit Medical Evidence)	
Downsizing	
Unsuitability	
Other	

Please submit supporting information in relation to your transfer application and expand upon the reasons for your transfer where applicable

Part D: Declaration

I declare that the information and particulars given by me on this application form are true and correct, and I undertake to notify the Council of any change in my circumstances.

Signed: Applicant(s): _____

Date: _____

Office Use ONLY

Customer ID _____ File Ref. _____

PPS No. _____ Date Tenancy Commenced: _____

Is rent account clear: Yes No If *No* what are arrears € _____

Have tenants been involved in, or currently under investigation for, anti social behaviour? Yes
No

If *Yes* please give details

Other information (if any):

Recommendation to Housing Officer: Approved __ Rejected __

Notes: _____

Signed: _____

Date:, _____

Approved __ Rejected __

notes: _____

Signed: _____ Housing Officer Date: _____

Where the Housing Authority decide not to renew a lease in respect to a property provided through the Rental Accommodation Scheme or the Social Housing Leasing Initiative, the Housing Need will be examined in the determination of the appropriate housing support which may include a transfer to standard Local Authority house.