



COMHAIRLE | CLARE
CONTAE AN CHLÁIR | COUNTY COUNCIL

Application for Social Housing Transfer

A transfer application will not be considered unless the following conditions are met:

- Applicants must hold tenancy in present accommodation for a period of at least two years.
- Applicants must have a clear rent account for a period of 6 months prior to date of application.
- Current accommodation must be in a satisfactory condition, subject to Council inspection.
- Applicants must have no record of anti-social behaviour.

Tenant A

1. Name _____

2. Address _____

3. Contact no. _____

Tenant B

1. Name _____

2. Address _____

3. Contact no. _____

Details of others in household in addition to applicant(s) named above:

Name	Gender	Date of Birth	Relation to Applicant	Occupation
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Reason for transfer request: (If medical reasons, you are required to complete the attached HMD-Form 1)

Downsizing

Overcrowding

Medical

Other

A transfer application will normally only be considered on grounds of downsizing, overcrowding or medical requirements. If there are other exceptional reasons, please briefly explain below and supply supporting documentation if required.

**An Roinn Tithíochta
Stiúirtheoireacht Forbairt Shóisialta**

Áras Contae an Chláir, Bóthar Nua, Inis, Co. an Chláir, V95 DXP2

**Housing Department
Social Development Directorate**

Áras Contae an Chláir, New Road, Ennis, Co. Clare, V95 DXP2

Please tick a **maximum of 3** areas to which you would like to be transferred to:

Clarecastle	Kilmihil	Lisdoonvarna/Ballyvaughan
Clonlara	Kilfenora	Miltown Malbay/Mullagh/Quilty
Cooraclare/Doonbeg	Kilmaley	Meelick/Parteen/Westbury
Corofin/Ruan	Killaloe	Newmarket On Fergus
Ennis	Kildysart/Ballynacally	Quin
Ennistymon/Lahinch	Kilkee/Cross/Carrigaholt	Sixmilebridge
Feakle/Scariff/Whitegate	Kilrush Town	Shannon
		Tulla/Kilkishen/Broadford

N.B. Any alterations carried out to the dwelling/apartment become the property of Clare County Council and are not removable by the tenant upon termination of the tenancy nor is any compensation payable in respect of these alterations.

Please ensure the following documents are included where applicable:

- Birth certificates and PPSNs for any additional household members not previously submitted.
- **If applying on medical grounds you must complete the attached HMD-Form 1**
- If transfer is requested because of exceptional circumstances, supporting documentation should be submitted to support your application.

APPLICATION FOR SOCIAL HOUSING SUPPORT DECLARATION

Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that an application will only be accepted when this declaration has been signed.

Collection and Use of Data

The housing authority will use the data which you have supplied to assess and administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Heritage & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs.

The housing authority may, for the purposes of its functions under the Housing Acts of 1966-2009, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive (HSE) or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.

Clare County Council Housing Privacy Policy is available on our website [https://www.clarecoco.ie/\[info\]/privacy-statement/default.html](https://www.clarecoco.ie/[info]/privacy-statement/default.html).

Declaration

I/We declare that the information and particulars given by me/us on this application are true and correct.

I/We undertake to notify the Housing Authority of any change in my/our household circumstances (eg. Address, household composition, employment, medical conditions etc.)

I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details of my/our application.

I/We am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

Signed: [Applicant] Date: [dd/mm/yy]

Signed: [Applicant 2] Date: [dd/mm/yy]