CARLOW
COUNTY COUNCIL
COMHAIRLE CHONTAE CHEATHARLOCHA

CARLOW COUNTY COUNCIL

Transfer Application Form

COMHAIRELE CHONTAE CHEATHARLOCHA

FOIRM IARRATAIS TITHÍOCHT

TRANSFER APPLICATION CHECKLIST

IMPORTANT
PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

YOUR TRANSFER APPLICATION WILL NOT BE ACCEPTED IF IT IS NOT FULLY COMPLETED ON ALL SECTIONS, SIGNED, AND SUBMITTED TOGETHER WITH ALL RELEVANT SUPPORTING DOCUMENTATION AS FOLLOWS, WHERE APPLICABLE:

PPSN & Dates of Birth:		☐
Application form signed by Applican(s):		☐
Areas of preference for housing must be stated:		☐
Income details:	**Current payslips / Social Welfare Slips** **Most recent P.60** **Most recent audited accounts if Self Employed** **Evidence of maintenance payable in respect of children**	☐
Medical:	**Enclosed HMD Form 1 to be completed by two medical practitioners where application is sought on medical grounds**	☐
Differential Rent Assment Form:	**Enclosed Rent Assessment form to be completed fully for RAS and Carlow County Council tenants**	☐
Photo ID for applicants:		☐
Birth Certificates for all members of household:		☐
Court Orders:	**Maintenance / Custody / etc.**	☐
Agreed Access Arrangements:	**Where an applicant has included a child/children on the application and the children do not permanently reside with the applicant, and where no court/custody order is in place then an Affidavit signed by the childs /childrens other parent is required**	☐

1. **MAKE SURE YOU HAVE ANSWERED ALL OF THE QUESTIONS FULLY WHERE THESE ARE RELEVANT TO YOU. IF YOU DO NOT THE FORM MAY BE RETURNED TO YOU.**

2. **BE SURE YOUR ANSWERS DO NOT GIVE FALSE OR MISLEADING INFORMATION. CARLOW LOCAL AUTHORITIES MAY REQUEST, AND OBTAIN INFORMATION FROM ANY HOUSING AUTHORITY, THE CRIMINAL ASSETS BUREAU, AN GARDA SIOCHANA, THE MINISTER FOR SOCIAL AND FAMILY AFFAIRS A HEALTH SERVICE EXECUTIVE OR APPROVED VOLUNTARY HOUSING BODY IN RELATION TO OCCUPANTS OF, OR APPLICANTS FOR LOCAL AUTHORITY HOUSING, AND OF ANY OTHER PERSON THE AUTHORITY CONSIDERS MAY BE ENGAGED IN ANTI-SOCIAL BEHAVIOUR.**

3 PLEASE ENSURE THAT YOU HAVE SUPPLIED ALL THE RELEVANT INFORMATION AND SUPPORTING DOCUMENTATION TO PROCESS YOUR APPLICATION.

CARLOW COUNTY COUNCIL TRANSFER APPLICATION FORM

Tick whichever is appropriate:

CARLOW COUNTY COUNCIL TENANT ☐

OTHER LOCAL AUTHORITY ☐ Authority Name ______________

RENTAL ACCOMMODATION SCHEME TENANT ☐

VOLUNTARY /CO-OPERATIVE TENANT ☐

ALL QUESTIONS MUST BE ANSWERED

SECTION 1 - APPLICANTS DETAILS

Applicant 1	______________	Applicant 2	______________
Address:	______________	Address:	______________
	______________		______________
	______________		______________
	______________		______________
Date of Birth:	______________	Date of Birth:	______________
Telephone No.:	______________	Telephone No.:	______________
P.P.S.N.:	______________	P.P.S.N.:	______________
Nationality:	______________	Nationality:	______________
Marital Status:	______________	Marital Status:	______________

SECTION 2 - DETAILS OF ALL PERSONS INCLUDED IN APPLICATION

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	OCCUPATION	PPSN	WEEKLY INCOME	SCHOOL BEING ATTENDED

FAILURE TO SUBMIT PPSN FOR ALL PERSONS INCLUDED IN THIS APPLICATION WILL RESULT IN APPLICATION BEING RETURNED INCOMPLETE

N.B. EVIDENCE OF INCOME(P.60, PAYSLIP, LETTER FROM SOCIAL WELFARE) TO BE SUBMITTED

SECTION 3 - REASONS FOR REQUESTING TRANSFER

____

____

____

____

____

____

Area(s) of preference for housing: 1____________ 2____________ 3____________

SECTION 4 - PRESENT ACCOMMODATION

Weekly rent if any being paid: € ____________ Customer Id: ____________

Current method of payment Bank ☐ Household Budget ☐

County Council / Town Council Office ☐

Other (give details): ____________

Date of commencement of tenancy: ____________

Any Arrears on Account Yes ☐ No ☐ Amount of Arrears: ____________

If yes, have you made an agreement to clear these arrears. Give details of agreement: ____________

____

Have you previously been transferred to alternative accommodation: Yes ☐ No ☐

How long have you resided at your present address: ____________

What type of property are you living in now?

House ☐ Flat ☐ Appartment ☐

Total number of rooms: Bedrooms ☐ Bathrooms ☐ Kitchen ☐ Sitting rooms ☐

Living rooms ☐ Other ☐

Type of heating ____________

SECTION 5 - ALL OTHER DETAILS

Are there any serious health problems in your household? ____________________

____

____

If Yes, please submit fully completed HMD Form 1.

Any other information you consider relevant: ______________________________

____

____

____

____

Note: Any incomplete application forms will be returned.

APPLICANTS DECLARATION: This declaration must be read and signed by you.

A I am aware that if I give false or misleading information or omit to supply relevant information I may be excluded from being considered for housing.

B I am aware that if included in the Councils housing needs assessment I am obliged to notify the Council of any changes in circumstances which would affect my application. I undertake to notify the Council if I change address and I understand that if change of address is not notified to the Council my application for housing may not be considered.

C I declared that the information as supplied ont his form is to the best of my knowledge is correct.

(To be read as plural in the case of a joint application)

SIGNED: ________________ **SIGNED:** ________________

DATE: ________________

Completed application forms to be returned to :
Housing Department, Civic Offices, Tullow, Co. Carlow

Housing Office,
Carlow County Council,
Civic Offices,
Tullow,
Co. Carlow.

Phone: 059 9170300 - 9170367
9170370 - 9136210

Cottage No.
Customer ID.

Tenants:
Address:

Phone (H): ______________
(M): ______________

This Income Certificate must be completed in respect of ALL MEMBERS of the above household who are in receipt of an income. This is a two page document, please ensure to complete Page 2. *PART A* must be completed for all members who are employed (current payslips must be attached). *PART B* for all members in receipt of Social Welfare (current Social Welfare receipts must be attached). *PART C MUST* be completed by all tenants.

PART A – All Members of Household in Employment

Certificate of Income of Main/Highest Earner:

Name: ______________________ PPS No.______________
Gross Weekly Income (Excl. overtime & non-tax allowances) € ______________
Amount of PAYE deducted: € ______________
Amount of PRSI deducted (EE): € ______________
Amount of Income/Pension Levies/USC deducted: € ______________
Employer's Name & Address: ______________________
Employer's Signature: ______________ Phone No. ______________

Details of Others in Employment:

1. Name: ______________ PPS No. ______________ Nett Weekly Pay €________
2. Name: ______________ PPS No. ______________ Nett Weekly Pay €________
3. Name: ______________ PPS No. ______________ Nett Weekly Pay €________

PART B – All Members of Household in Receipt of Social Welfare Payments

Name	Weekly Amount	U.B./U.A./Other Please Specify	P.P.S. Number

Signature of Social Welfare Officer:

PART C

Particulars of all members of Household including Tenant(s). Where children are over 16 years of age, please state if schoolgoing.

Name	Relationship to Applicant	Date of Birth	P.P.S. Number

Any other information you consider relevant: ____________________

____

____

____

N.B.

- For those who are on FAS/Community Employment Schemes – please submit letter from your Employer confirming same together with current payslip.
- Please tick the relevant box if you are/are not in receipt of maintenance Yes ___ No ___ If yes, evidence of maintenance received must be submitted.

Please note that this form cannot be accepted without evidence of income, i.e. payslips, signature of Social Welfare Officer, etc. The local authority may request and obtain information from other bodies/agencies.

I DECLARE THAT THE FOREGOING PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE (Under Section 61 of the Housing Act, 1966, it is an offence to provide false information). Any person making a false declaration or who subsequently fails to notify any changes in circumstances are liable to maximum rent being imposed.

SIGNED: ____________________ DATE: ____________________

TENANT/JOINT TENANTS

HMD-Form 1

Disability and/or Medical Information Form

About this form

This form is for anyone who is applying for social housing or a social housing transfer **due to a disability or medical grounds.** The information provided will be used to assess if priority status should be awarded to an application.

What is priority status and who we give it to

When we give a person priority status on disability or medical grounds, this means they go **nearer to the top of the waiting list,** as set out in the Local Authority's Allocation Scheme.

Priority status may be awarded if the following three criteria apply to your household:

- you or someone in your household has a disability or a medical condition and
- the current accommodation is not suitable to meet the needs of the person with a disability or medical condition and
- a change in housing will improve or stabilise the circumstances of the person with a disability or medical condition.

Who needs to fill out and sign each section of this form

Section 1 and 2 to be filled out and signed by the person with a disability or medical condition or by the applicant for social housing support if the person with a disability or medical condition is a dependant of the applicant.

Section 3 and 4 to be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Other information

A Healthcare Professional includes the following professions: Consultant, General Practitioner (GP), Mental Health Nurse, Public Health Nurse, Occupational Therapist and Social Worker. If you are considering using a Healthcare Professional not listed above, please contact your Local Authority to confirm if this is acceptable.

An Occupational Therapist report **must be provided** where there is a need for a specific accommodation requirement.

If you require extra space to complete the form please include additional pages.

Section 1: Disability and/or Medical Information

This section must be filled out by the applicant.

Please tick (✓) the box to show the category you are applying under.

Disability grounds ☐ Medical grounds ☐

Please state your disability and/or medical condition

If you are a person with a disability, please tick (✓) which category of disability applies to you.

Physical ☐ Mental Health ☐ Intellectual ☐ Sensory ☐

Section 2: Personal Details

This section must be filled out as outlined on page 1. Please make sure the details you fill out here are the same as on your Social Housing Application Form.

Please fill in the details of the main housing applicant below.

First name

Surname

PPS number

Date of Birth

Declaration

I permit the Healthcare Professionals in Section 3 to give relevant medical details to the Local Authority to identify my housing needs.

Signature

Date

If the person with a disability or medical condition is not the main housing applicant, please fill in their details below.

First name

Surname

PPS number

Date of Birth

Section 3A: Medical Reference

This section must be filled out by two Healthcare Professionals (see page 1) who work with the person with a disability or medical condition.

Details of Healthcare Professionals completing this form

Healthcare Professional 1

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation only ☐ Weeks (number) ☐ Months (number) ☐ Years (number) ☐

Healthcare Professional 2

First name

Surname

Name of organisation

Telephone

Email

Please indicate the professional service you provide to the person with a disability or medical condition.

Please tell us the total length of time the person with a disability or medical condition has been receiving your service.

One consultation only ☐ Weeks (number) ☐ Months (number) ☐ Years (number) ☐

Section 3B: Applicant's Current Accommodation

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Is the person with a disability or medical conditions current accommodation directly or negatively affecting their disability or medical condition? If the answer is yes, please explain below.

Healthcare Professional 1

Healthcare Professional 2

Section 3C: Accommodation Need of Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

How would a change in location of accommodation benefit the person with a disability or medical condition?

Healthcare Professional 1

Healthcare Professional 2

What change in the type of accommodation would benefit the person with a disability or medical condition? and how?

Healthcare Professional 1

Healthcare Professional 2

What change in the design of accommodation would benefit the person with a disability or medical condition? and how?

Healthcare Professional 1

Healthcare Professional 2

Section 3D: Support Needs for the Applicant

This section must be filled out by two Healthcare Professionals who work with the person with a disability or medical condition.

Are supports currently needed to enable the person with a disability or medical condition to live independently? Please provide details.

Healthcare Professional 1 Yes ☐ No ☐

Healthcare Professional 2 Yes ☐ No ☐

Will the person with a disability or medical condition need any additional or new supports? Please provide details.

Healthcare Professional 1 Yes ☐ No ☐

Healthcare Professional 2 Yes ☐ No ☐

Section 4: Healthcare Professional Declaration

Healthcare Professional 1

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature	Date		

Healthcare Professional 2

I declare that the information and details I have provided on this form are correct and true.

I agree to the Local Authority contacting me, if necessary, to verify the details I have provided.

Signature	Date		

If you require extra space to complete the form please include additional pages.