**Guidance Notes**

In accordance with Cavan County Councils Housing Allocation Scheme, in order for transfers to be considered there must be a material change in the households housing need which can be demonstrated. To justify a transfer, this change in need should not have been a factor in the first allocation of housing support.

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

Council tenants including applicants for transfer from the Rental Accommodation Scheme, Voluntary Housing Bodies or Social Leasing will be considered for a transfer to other 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 [If you are applying for a social housing transfer due to a disability or medical grounds, you must include a HMD Form - this form is for anyone who is applying for social housing or a social housing transfer due to a disability or medical grounds].
4. Exceptional circumstances

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

1. Hold tenancy in their present dwelling for a period of at least two years.
2. A clear rent account for at least six months.
3. All service and other charges paid up to date and confirmation of same submitted with application. i.e. receipts for water, power supply, fuel(gas/oil).
4. Kept their dwelling in satisfactory condition.
5. Complied with all conditions of their Tenancy Agreement, and
6. Have no record of anti-social behaviour.

**All questions to be answered fully [incomplete applications will not be considered]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A – Tenant(s) Details** | | |  | | | | | | | | | | |  | **Tick if Joint Application** | | | | | | | | | | | | |
| Please complete the following in respect of yourself and Applicant 2: spouse/ partner (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| **Please State:** | **Applicant** | | | | | | | | | | | | |  | **Applicant 2: Spouse / Partner** | | | | | | | | | | | |  |
| P.P.S. Number |  |  | |  | |  | |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  | |  |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| First name(s) |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| Surname |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| Current address |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| How long have you lived at this address? | Years | | | |  | | Months | | | | |  | |  | Years | | |  | | | Months | | | |  | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| Telephone /Mobile No. |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |
| Date of Birth (dd/mm/yy) | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ | | | | | | | | | | | | |  | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ | | | | | | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Occupants** | |  |  |  |  |
| **Name** | **Date of Birth** | | **Source of income** | **PPSN** | **Weekly income** |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part B – OTHER INFORMATION** | | | |
| **Has any member of the household in 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 behaviour in a public place |  |  |  |
| Distribution or display in a public place of material which is threatening, abusive, insulting or obscene |  |  |  |
| Riot |  |  |  |
| Violent Disorder |  |  |  |
| Assault or obstruction 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 C – EXISTING ACCOMMODATION** |
| Rent a/c no: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_\_\_\_\_\_\_ |
| Please state the reason you are seeking a transfer which must fit into one of the categories below:   1. Overcrowding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Downsizing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   3. Medical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach fully completed HMD form)  4. Exceptional Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Part D – Areas Of Choice**  **Please tick the areas, within the housing authority, where you would accept an offer of accommodation.** |
| A maximum of 3 areas of choice may be ticked from the following list of areas of choice. Please note that listing of areas of choice on the application form is not a priority listing, *i.e.* all areas of choice specified on the form are deemed to be of equal priority. |
| **[It should be noted that you are committed to these areas of choice for a period of 12 months].** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Arva |  |  | Corlough | |  | Bailieboro |  |  | Dowra | |  | Ballinagh |  |  | Glangevlin | |  | Ballyconnell |  |  | Gowna | |  | Ballyhaise |  |  | Killeshandra | |  | Ballyjamesduff |  |  | Kilnaleck | |  | Bawnboy |  |  | Kingscourt | |  | Belturbet |  |  | Mullagh | |  | Blacklion |  |  | Redhills | |  | Bunnoe |  |  | Shercock | |  | Butlersbridge |  |  | Stradone | |  | Cavan Town |  |  | Swanlinbar | |  | Cootehill |  |  | Virginia | |

**An applicant will only be eligible for consideration if they have complied with the following:**

* Have a clear rent account for a minimum of six months;
* Have adhered to the terms of their Tenancy Agreement including maintaining the property to an acceptable standard;
* Have not engaged in anti-social behaviour;
* Have lived peaceably in their current dwelling in accordance with terms of their tenancy agreement
* Have resided in their current dwelling for at least two years;
* If you are applying for a social housing transfer due to a disability or medical grounds, you must complete a [HMD - Form 1: Disability and/or Medical Information Form](http://www.cavancoco.ie/file/housing/applications/HMD%20Form%201_Disability%20and%20or%20Medical.pdf).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part E: Declaration** | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | **Please read the following information relation got the collection and use of your personal data and the declaration carefully. The declaration should only be signed and dated if you are entirely satisfied that you understand all of the information presented in this form. Please note that an application for transfer can only be accepted when the application has been completed, and this declaration has been signed.** | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | **Collection and Use of Data** | | | | | | | | | | | | | | | | | | | |  |
|  | ALL data supplied by you when completing this form (including any personal data you submit) will be used for the purposes of assessing and administering your application for Social Housing Support. The law allows this local authority in certain circumstances to share your data with other public bodies. For example, we may share your data with the Central Statistics Office under the Statistics Act 1993. The data supplied by you when completing this application may be shared with the Local Government Management Agency (LGMA) and The Housing Agency in order to fulfil a statutory requirement to provide an annual Summary of Social Housing Assessments, including the production at a national level of statistical reports that inform policy and future planning in terms of the national housing need.  In carrying out its functions under the Housing Acts of 1966-2014, the local authority may request and obtain information from other organisations. These include another local authority, the Criminal Assets Bureau, An Garda Síochána, the Department of Social Protection, the Health Service Executive (HSE), the Revenue Commissioners or an Approved Housing Body in relation to current or prospective occupants of, or applicants for, local authority housing. Your data may also be shared with other public bodies in accordance with our obligation to prevent and detect fraud.  Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full and are clearly set out in Cavan County Councils Privacy Statement. Copies of this are available from [www.cavancoco.ie](http://www.cavancoco.ie). If you have any questions about your rights under GDPR, you can contact Cavan County Councils Data Protection officer, or you may also contact the Data Protection Commission (DPC). For more information, please contact Data Protection Officer Tel: 049-4378300 or Email: [dpo@cavancoco.ie](mailto:dpo@cavancoco.ie)  Declaration  1. I (or we) declare that the information and details given by me (or us) on this application are true and correct.  2. I (or we) promise to notify the local authority of any change in my (or our) household circumstances such as our address, the people who make up the household, their wages or payments, or medical conditions if this changes from the details we gave on this form.  3. I (or we) also agree that the local authority can make whatever enquiries it considers necessary to check that the details of this application are correct.  4. I am (or we are) aware that it is against the law to give false information on this form and that I (or we) can be prosecuted for doing that.  5. I (or we) understand that my (or our) personal data will be shared with the LGMA, and The Housing Agency for the purposes set out above.  6. I (or we) understand that my (or our) personal data will be shared with other public bodies only as provided by law.  7. I (or we) understand that a failure to respond to a request for updated information, may result in my (or our) application for transfer being closed. | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | Signed: [Applicant] |  | Date: [dd/mm/yy] |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
|  |  |  |  |  | |  | | |  | | |  | | |  | | |  | | |  |
|  |  |  |  |  | |  | | |  | | |  | | |  | | |  | | |  |
|  | Signed: [Applicant 2: |  | Date: [dd/mm/yy] |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
|  | Spouse/Partner] |  |  |  | |  | | |  | | |  | | |  | | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office Use ONLY – Do not write in this section** | | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | |
|  | Date Tenancy Commenced: | |  | | | |  | | |  | | | | |
|  |  | |  |  |  |  | |  |  |  | | | | |
|  | Is rent account clear | | **Yes** |  | **No** |  | | **Amount** |  |  | | | | |
|  |  | | | | | | | | |  | | | | |
|  | Have tenants been involved in, or currently under investigation for, anti social behaviour | | | | | | | | | Yes |  | No |  |  |
|  | If *Yes* please give details |  | | | | | | | | | | | | |
|  |  | | | | | | | | |  | | | | |
|  |  | | | | | | | | |  | | | | |
|  |  | | | | | | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | | |  | |  | |  |  |  | |
|  | **Recommendation of Housing Officer:** | | **Approved:** | | | |  | | **Refused :** | |  |  |  | |
|  |  |  | |  |  |  | |  | |  | | |  | |
|  | **Reason:** |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |
|  | **Signed:** |  | | | | | | | | | | | |  |
|  | **Date:** |  | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  |