**All questions to be answered fully-incomplete applications will not be considered.**

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

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| **Family Members** | |  |  |  |  |
| **Name** | **Date of Birth** | | **Source of income** | **PPSN** | **Weekly income** |
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| **Part B – 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 detailed medical Report)  4. Exceptional Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part C – 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].** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Ardcath |  |  |  | Laytown |  | | Ashbourne |  | Drumconrath |  | Lobinstown |  | | Athboy |  | Duleek |  | Longwood |  | | Ballinabrackey |  | Dunboyne |  | Meath Hill |  | | Ballivor |  | Dunderry |  | Mornington |  | | Batterstown |  | Dunsany |  | Moynalty |  | | Bellewstown |  | Dunshaughlin |  | Navan |  | | Bettystown |  | Enfield |  | Newtown |  | | Bohermeen |  | Fordstown |  | Nobber |  | | Carlanstown |  | Gormanstown |  | Oldcastle |  | | Carnaross |  | Grangerath |  | Rathkenny |  | | Castletown |  | Julianstown |  | Rathmolyon |  | | Clonalvy |  | Kells |  | Ratoath |  | | Clonard |  | Kentstown |  | Robinstown |  | | Clonee |  | Kilberry |  | Skryne |  | | Cortown |  | Kilbride |  | Slane |  | | Crossakiel |  | Kildalkey |  | Stamullen |  | | Donacarney |  | Kilmainhamwood |  | Summerhill |  | | Donore |  | Kilmessan |  | Trim |  | |  |  |  |  |  |  | |

Please note in accordance with the Scheme of Letting Priorities an application for transfer will be considered on the basis of accommodation needs (structural) e.g. , **medical**, **overcrowding** or **downsizing.**

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

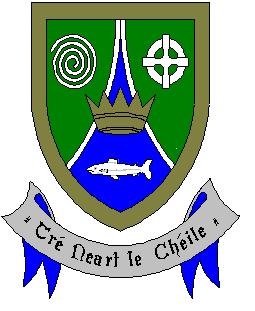
* Have a clear rent account for a minimum of six months
* Have adhered to the terms of their Tenancy Agreement including maintaining the property to an acceptable standard
* Have not engaged in anti-social behaviour
* Have lived peaceably in their current dwelling in accordance with terms of their tenancy agreement
* Have resided in their current dwelling for at least two years
* If applying for support on the basis of medical grounds, please enclose a **Consultant’s Certificate** specifying the nature of the medical condition or disability and noting whether the condition is degenerative

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| **Part D: Declaration** | | | | | | | | | | | | | | | | | | | | | |
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|  | **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.** | | | | | | | | | | | | | | | | | | | |  |
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|  | **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 Housing, Planning & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs. | | | | | | | | | | | | | | | | | | | |  |
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|  | The housing authority may, for the purpose 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. | | | | | | | | | | | | | | | | | | | |  |
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|  | **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 (e.g. 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 and will disqualify my/our application from being considered for re-housing. | | | | | | | | | | | | | | | | | | | |  |
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|  | Signed: [Applicant] |  | Date: [dd/mm/yy] |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
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|  | Signed: [Applicant 2: |  | Date: [dd/mm/yy] |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
|  | Spouse/Partner] |  |  |  | |  | | |  | | |  | | |  | | |  | | |  |

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| **Office Use ONLY** | | | | | | | | | | | | | | |
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|  | Date Tenancy Commenced: | |  | | | |  | | |  | | | | |
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|  | Is rent account clear | | **Yes** |  | **No** |  | | **Amount** |  |  | | | | |
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|  | Have tenants been involved in, or currently under investigation for, anti social behaviour | | | | | | | | | Yes |  | No |  |  |
|  | If *Yes* please give details |  | | | | | | | | | | | | |
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|  | Recommendation of Housing Officer: | | **Approved:** | | | |  | | **Refused :** | |  |  |  | |
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|  | **Notes:** |  | | | | | | | | | | | |  |
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**TRANSFER OF EXISTING COUNCIL TENANTS / RAS/ VOLUNTARY HOUSING BODIES / SOCIAL LEASING.**

**In order for transfers to be considered, in accordance with Meath County Council’s 2016 Housing Allocations Scheme, 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.

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 Council dwellings under the following circumstances.

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

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

* Hold tenancy in their present dwelling for a period of at least two years.
* A clear rent account for at least six months.
* 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).
* Kept their dwelling in satisfactory condition.
* Complied with all conditions of their Letting Agreement, and
* Have no record of anti-social behaviour.

**B Murphy**

**Administrative officer,**

**Housing Department.**