

BRAY TOWN COUNCIL

APPLICATION FOR TRANSFER

Name: _____ Age:

Present Address: _____ Married: Please tick

_____ Single:

_____ Widowed:

_____ Other:

(Please specify) _____

Area to which Transfer is desired: _____

PARTICULARS OF HOUSEHOLD:

NAME	AGE	RELATIONSHIP TO APPLICANT	OCCUPATION	EMPLOYER	WEEKLY INCOME

PARTICULARS OF PRESENT ACCOMMODATION:

Number of Bedrooms: Weekly Rent: € _____

Bathroom:

No. of Other Rooms:

Indoor W.C.:

Transfer Application for: 1 Bed 2 Bed 3 Bed 4 Bed

PLACES OF RESIDENCE DURING PAST TEN YEARS:

ADDRESS	FROM (year)	TO (year)

REASONS FOR SEEKING A TRANSFER:

I/WE have read and understood the notes attached to this application.

SIGNED: (1) _____ DATE: _____

(2) _____ DATE: _____

NOTES FOR TRANSFER APPLICATION FORM

The following should be taken into account before completing the attached Transfer Application Form:

1. The applicant(s) must have a minimum twelve month tenancy of present accommodation.
2. The applicant(s), or any residents in the house, must not have engaged in any anti-social behaviour.
3. The rent account must be clear for a minimum period of six months.
4. An inspection of the house will be carried out by Council staff as part of the application process. If a house is found to be in bad repair the tenant will be liable for the cost of the repairs.
5. If the transfer is a mutual transfer the applicants must view the houses with a member of the Council staff and sign a declaration stating they are accepting the houses in the present condition and will not require repairs or maintenance to be carried out.
6. The applicant must specify the areas of choices to which transfer is desired. If no area is specified the application will be deemed invalid and will be returned.
7. All transfers are subject to the Manager's approval.