



**APPLICATION FOR FINGAL COUNTY COUNCIL'S
CONSENT TO A TRANSFER INTO
SOLE/JOINT OWNERSHIP**

NAME OF APPLICANT: _____

ADDRESS: _____

DAY-TIME CONTACT NUMBER: _____

DETAILS OF DEPENDANTS (Names & Addresses): _____

IS ANY MEMBER OF THE APPLICANT'S FAMILY IN NEED OF HOUSING? _____

WHAT IS YOUR RELATIONSHIP TO THE PROPOSED TRANSFEREE(S): _____

NAME OF PROPOSED TRANSFEREE(S): _____

ADDRESS: _____

REASON FOR TRANSFER: _____

I/We hereby apply for the consent of the County Council to the transfer of the property at _____ into the sole/joint name(s) of _____, the proposed transferee(s). I declare that the information given above is correct.

Signed: _____ Date: _____
APPLICANT(S) TRANSFEREE(S)

Under Section 90 of the Housing Act, 1966, as amended by Section 26 of the Housing (Miscellaneous Provisions) Act, 1992 the Council may refuse to grant it's consent if the proposed transfer would leave the proposed transferor and their dependants without adequate housing or if the proposed transferee is not a person in need of housing.

Please return completed application form to:
*Affordable Housing & Tenant Purchase Section, Housing Department, Fingal County Council,
Grove Road, Blanchardstown, Dublin 15.*