



Comhairle Cathrach Chorcaí

Cork City Council

REQUEST FOR TRANSFER - OVERCROWDING

Name(s) of Tenant(s): _____

Date(s) of Birth: _____

Present Address: _____

Telephone Number(s): _____

E-mail Address(es): _____

Please be advised that ‘overcrowding’ has the same meaning as assigned to it by Section 63 of the Housing Act, 1966 so that a dwelling shall be deemed to be overcrowded when the number of persons ordinarily sleeping in the dwelling and the number of rooms therein either:-

(a) are such that any two of those persons, being persons of 10 years of age or more of opposite sexes and not being persons living together as husband and wife, must sleep in the same room, or

(b) are such that the free air space in any bedroom is less than four hundred cubic feet (the height of the room, if it exceeds eight feet, being taken to be eight feet, for the purposes of calculating free air space), and ‘overcrowding’ shall be construed accordingly.

Please include details of all other members of your household below for verification with your Executive Housing Officer, to confirm all persons named are assessed for rent purposes and residing in the property with the consent of the City Council:

Name	Relationship to Tenant	Date of Birth	PPSN	Weekly Income

Tenancy Start Date	Number of Bedrooms	Weekly Rent	Rent Arrears

Your current property type (please tick):

House Bungalow Apartment Studio/bedsit Other

Please provide details of any adaptations to your current property (tick all that apply):

Wetroom Level access shower Ramp – front door Ramp - back door

Stairlift Downstairs bedroom Downstairs toilet Handrails

Other

Areas of Choice 1 _____

for transfer : 2 _____

 3 _____

Declaration

Please tick

I/we confirm that I/we have resided in this dwelling for a minimum period of two years prior to the submission of this transfer request.

I/we confirm that my/our current property is in good condition and fit to re-let, and I/we authorise Cork City Council to arrange an inspection to confirm same.

I/we understand that if this inspection is unsatisfactory, consideration for a formal offer of alternative accommodation will not proceed.

I/we understand that any rent due must be paid prior to a formal offer of alternative accommodation being considered.

I/we confirm that I/we understand that this is a voluntary transfer and I/we may seek independent advice in advance of surrendering the tenancy of my/our current property.

I/we confirm that I/we have complied with all the conditions of my/our Tenancy Agreement

I/we confirm that I/we, or any member of my/our household, has no record of anti-social behaviour.

I/we declare that the information and particulars given by me/us are true and correct, and I/we understand that the provision of any false or misleading statements may lead to an offer of accommodation being withdrawn.

Consent for Processing of Personal Data

Cork City Council, in carrying out its functions under the Housing Acts of 1966-2014, 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 provided by Cork City Council.

Cork City Council reserves the right to exclude an applicant from consideration for a transfer if they supply false information or withhold relevant information on this form or at subsequent interviews.

In order for Cork City Council to process the personal data you have provided, Cork City Council requires you to provide your consent. Your rights as a data subject under the General Data Protection Regulation (GDPR) apply in full. Cork City Council’s Data Protection Policy outlines the Council’s firm commitment to privacy, and to assure you that in all your dealings with Cork City Council that we will ensure the confidentiality and security of the data you provide to us.

By signing below, you consent to having your information processed for the purpose of assessing a transfer request on overcrowding grounds.

I/we agree that Cork City Council can make whatever enquiries it considers necessary to verify that the details of this application are correct.

Signed _____ **Date** _____

Signed _____ **Date** _____