

Social Housing Tenants (including RAS and HAP)

Application for Consideration on Medical Grounds

Complete the application form in block capitals ensuring all relevant sections are filled in. The form must be signed by the transfer applicant(s).

Applicants must have THREE years tenancy to be included on the Medical Transfer List

Area of Preference: Please choose ONE area only	
Dundrum/Blackrock/Stillorgan _____	Dalkey/Dun Laoghaire _____
Ballinteer/Ballyogan _____	Ballybrack/Shankill/Bray _____
Please indicate which category you are applying under	
Person with a Disability _____	Medical Grounds _____

Section 1: Personal Details

This section must be signed by the applicant

Applicants Name: _____

Applicants Address: _____

Housing Reference Number (if applicable): _____

Telephone number: _____

If a Household member is the individual with the medical condition/disability, please provide the following information

Name: _____

Date of Birth: _____

Section 2: Current Accommodation

Is the current accommodation directly or adversely impacting on the medical condition/disability? If yes, explain how?

Accommodation Need

How would a change in accommodation impact positively on the medical condition/disability?

Section 3: Supporting evidence from professional/s

List all the supporting reports and/or letters enclosed with your application i.e. explanatory material from Consultant, GP, Public Health Nurse, Occupational Therapist, Social Worker and other Health Professionals. Please note that it is the responsibility of the applicant to ensure that the reports and/or letters listed arrive in the Allocation section with the application.

	For office use only
1.	
2.	
3.	
4.	

Supports

Are supports required to enable the person with the medical condition/disability to live independently?

Yes: _____

No: _____

Please give details

NOTE:

Tenants whose rent account and/or water/domestic refuse collection accounts are in arrears, or whose paying records are unsatisfactory, will not be considered for a transfer.

Tenant's present accommodation must be in good re-let condition prior to consideration being given to their transfer application.

It is the policy of Dun Laoghaire Rathdown County Council that applicants who apply to them for a transfer to alternative accommodation, and whose application is being considered, will have their application considered on Estate Management grounds before any offer is finally made.

This Housing Authority may refuse to make, or defer, an offer of alternative accommodation to a person where

(1) The Authority considers that the person is, or has been, engaged in anti-social behaviour, or that a letting to that person would not be in the interest of good estate management, or

(2) The person fails to provide information relating to their application, or to persons residing with them, which is requested by the Housing Authority, and which the Authority considers necessary in connection with an application for letting.

Section 4: Sign and Date:

I/we consent to the Medical Adjudicator or designated member of staff contacting any relevant person or body in relation to my application.

Signature of Applicant

Signature of Applicant

Date

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

Signature of Applicant

Signature of Applicant

Date

Reminder: Please enclose ALL relevant supporting documentation. INCOMPLETE APPLICATION FORMS WILL BE RETURNED