Cork City Council – Housing Department

TRANSFER APPLICATION

Name: .....
(Block Capitals)

Address: .....

.....

Tenancy held since? ..... Rent? .....

Would you be prepared to accept the tenancy of a flat if offered as a result of this application?

.....

Seeks Transfer to: .....

.....

.....

STATE BELOW ALL PERSONS LIVING AT PRESENT ADDRESS

Surname	First Name	Age	Relation	Place of Employment	No. Years in Same Empl'mt.	Weekly Income

For Office use only.

Type	A	C
Amount	Date	

Received

IMPORTANT: **To ensure that this form serves your purpose it should be completed in full above and overleaf. Accordingly, please check that you have supplied all information requested** – *Now turn overleaf* →

Is your present dwelling in a clean condition and fit for inspection? _____

Statements re employment or medical conditions should be accompanied by certificate where available.
(These certificates cannot be returned while application remains on file)

State fully your reasons for seeking transfer: _____

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Signed: _____

Date: _____

Cork City Council Housing Department
Tel. (021) 4924237 / (021) 4924470 / (021) 4924306 / (021) 4924198.