

**COMHAIRLE CONTAE FHINE GALL
FINGAL COUNTY COUNCIL**

TO BE COMPLETED BY VENDOR

**APPLICATION FORM FOR THE CONSENT OF THE COUNCIL TO THE RE-SALE OF
PURCHASE-TYPE HOUSE / SALES SCHEME / OPTION-TO-PURCHASE HOUSE
(HOUSING ACT 1966 – SECTION 90)**

Premises under disposal: _____

I/We _____ hereby apply for the consent of Fingal County Council to the re-sale of the above premises to: -

Name: _____

Address: _____

Re-sale Price: _____

Reason for proposed sale: _____

PERSONS RESIDING IN PREMISES UNDER DISPOSAL:

NAME(S)	RELATIONSHIP
_____	_____
_____	_____
_____	_____

Would the re-sale leave you or your dependants without adequate housing? _____

I propose to purchase alternative accommodation for the housing of myself and my dependants at:

The accommodation in this house consists of ___ bedroom(s) and ___ reception room(s).

PLEASE SUBMIT FULLY EXECUTED CONTRACT FOR THE PURCHASE OF ALTERNATIVE ACCOMMODATION OF A COPY THEREOF. IF THIS IS NOT POSSIBLE, PLEASE INSTRUCT YOUR SOLICITOR TO SUBMIT SOME OTHER FORM OF DOCUMENTARY EVIDENCE THAT YOU HAVE ACQUIRED ADEQUATE HOUSING ACCOMMODATION.

I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN IS CORRECT.

SIGNED: _____

SIGNED: _____

DATE: _____

DATE: _____

The following is to be completed in cases where the Transfer Order is registered in the name of one spouse only.

I _____ being the spouse of _____ hereby consent to this application to the Council for its consent to the re-sale of the premises known as

_____.

SIGNED: _____

DATE: _____

NOTE: Any consent required by the Family Home Protection Act 1976 will be required to be endorsed and completed on the Deed of Transfer / Conveyance before such Transfer / Conveyance is submitted to the Council for sealing.

Please return this form to:

*Affordable Housing & Tenant Purchase Section
Housing Department
Fingal County Council
Grove Road
Blanchardstown
Dublin 15*
