



Comhairle Contae Fhine Gall

Fingal County Council



FINGAL COUNTY COUNCIL TENANT PURCHASE SCHEME

INFORMATION BOOKLET & APPLICATION FORM

Affordable Housing & Tenant Purchase
Section,
Housing Department,
Fingal County Council,
Grove Road,
Blanchardstown, Dublin 15.
Telephone No: 8905995.

Email: housing@fingalcoco.ie
Website: www.fingalcoco.ie

OFFICIAL USE ONLY

RECEIPT NO: _____

REFERENCE NO: _____

DATE: _____

INFORMATION BOOKLET

ARE YOU ELIGIBLE TO BUY?:

Tenants who hold a tenancy from the Council of at least one year may apply to buy their home under the Tenant Purchase Scheme. If you or your spouse has been named on the Tenancy Agreement for the house you want to buy for at least one year, you may be eligible.

If your name is not already on the Tenancy Agreement, you could apply to have your name included. This would be subject to your having been bona fide resident in the house as a member of the household of the actual tenant for at least 2 years continuously, as well as certain other conditions. **A successful application for a Transfer of Tenancy would have to be completed before you can send in an application to buy.**

Only persons named on the Tenancy Agreement are eligible to apply to buy.

N.B. Please note it is not Council Policy to sell one-bedroom units under the Tenant Purchase Scheme.

PURCHASE PRICE:

The purchase price of the house will be its market value, less the appropriate discounts.

MARKET VALUE:

“Market Value” means the amount which in the opinion of the Council, the house, if sold on the open market in its existing state of repair and condition, might be expected to sell for. Allowances are made for improvements made by the tenant.

DISCOUNTS:

There is a discount of 3% of the market value of the house for each year the tenant holds the tenancy, subject to a maximum of 30% (i.e. maximum tenancy discount would be 10 years).

The following rules will apply in deciding the length the tenancy has been held for, for the purpose of calculating the discount:-

- (a) if you have lived in another Council house, the length of tenancy in that house is taken into account, provided both periods are continuous;
- (b) a widow or widower will be allowed the continuous tenancy entitlement of the deceased spouse;
- (c) if a tenant is deceased or leaves the house, a member of his/her family may be allowed the full discount of the tenant if they had been living with the tenant for at least 2 years continuously;
- (d) each full year plus any additional period **over** 6 months will be rounded up to give the total number of years of reckonable tenancy;

The purchase price will be payable in full on completion of the sale and financed from the tenant purchaser's own resources or a mortgage loan from a financial institution (e.g. bank or building society) or Fingal County Council.

FINANCING THE PURCHASE PRICE: - BEFORE SUBMITTING YOUR APPLICATION, PLEASE CONSIDER HOW YOU WILL FINANCE THE PURCHASE, IF APPROVED.

The net purchase price of the property may be financed as follows:

- (a) from the applicant's own resources
- (b) by way of a mortgage loan from a financial institution or Fingal County Council (minimum income limits apply)
- (c) by lump sum deposit and the balance by way of mortgage loan
- (d) through the Shared Ownership Scheme (minimum income limits and other conditions apply)

A list of commercial lending agencies who have agreed to provide mortgage finance for prospective tenant purchasers is available – please see page 5, Appendix 2.

The Building Society or bank will consider your loan application in the same way as an ordinary loan applicant. Credit assessment and the terms and conditions of the loan will be a matter for the lender.

Before an application for a loan can be considered by the Council, the tenant will have to produce documentary evidence that a loan has been refused by both a Building Society and a Bank. The amount of the loan refused must be clearly stated.

If applicants have been unsuccessful in obtaining a mortgage loan from a financial institution to purchase their property, the following housing authority loan options may be available (Qualifications and conditions apply):

- (1) **House Purchase Loan** repayable over not more than 30 years at a variable rate of interest. Maximum loan available is €185,000.
- (2) **The Shared Ownership Scheme:** The option to purchase by way of Shared Ownership will require a minimum initial purchase of 40% of the net purchase price of the house. **The market value of a house under this Scheme must not exceed €185,000.**

WARNING - YOUR HOME IS AT RISK IF YOU DO NOT KEEP UP PAYMENTS ON A MORTGAGE OR ANY OTHER LOAN SECURED ON IT.

TITLE:

Houses will be disposed of in fee simple.

STRUCTURAL CONDITION OF THE PROPERTY:

No warranty by Fingal County Council will apply or be deemed to be implied as to the state of repair or condition or the fitness for human habitation of any property sold under this purchase scheme and, upon completion of the sale, all responsibility for the repair and maintenance of the property will rest with the purchaser.

STAMP DUTY:

The sale shall be exempt from stamp duty.

LEGAL AND OTHER EXPENSES:

The actual costs associated with the transfer of the property (i.e. valuation, legal, land registry) will be paid by the Council. The costs associated with the mortgage loan (i.e. valuation by lender, mortgage deed, stamp duty on mortgage deed, registration etc) must be paid by the purchaser.

REPAIRS/MAINTENANCE AFTER PURCHASE:

The maintenance and repair of the house after the sale is the responsibility of the tenant purchaser.

INSURANCE OF PROPERTY:

After the sale, the tenant purchaser must keep the house insured against fire and flood for the period of the repayments. **Tenant purchasers are advised to insure the house contents also.**

MORTGAGE PROTECTION:

In the case of mortgages provided by Fingal County Council (i.e. House Purchase Loan or Share Ownership Scheme), mortgage protection is repayable with normal monthly payments, subject to certain conditions.

SPECIAL CONDITIONS:

The following conditions will apply to the house for a period of 20 years from the date of completion of the sale, i.e. the date of transfer or, in the case of a shared ownership transaction, for 20 years or the duration of the shared ownership lease whichever period is longer:

- (1) the property shall, unless the housing authority otherwise allow, be occupied as a normal place of residence by the purchaser or the purchaser's successor in title or by a member of the purchaser's family or the family of the successor in title and,
- (2) the property or any part thereof shall not, without the consent of the housing authority, be mortgaged, charged or alienated otherwise than by devise or operation of law.

In the event of a breach of these conditions, the authority may recover possession of the property in accordance with Section 107 of the Housing Act, 1966.

RE-SALE OF SALES SCHEME HOUSES:

The County Council reserves the right to refuse to give consent to a re-sale if they are of the opinion that the intending purchasers are not persons in need of housing, or that the intended sale would, if completed, leave the vendors or their dependants without adequate housing.

POINTS TO NOTE:

- The submission of an application by a tenant is subject to the terms and conditions of the Scheme.
- There is no onus on the Council to approve the application.
- Tenants must continue to pay rent up to the date of the sale of the house to them. Where the rent account is not up to date, the application will not be considered.

APPROVAL OF APPLICATIONS TO PURCHASE:

Every tenant whose application to purchase has been approved in principle will be issued with a letter of approval which he/she will produce to a commercial institution when applying for a loan. Where a tenant is unable to obtain a loan from a Building Society or a Bank and produces documentary evidence that he/she has been refused a specific loan amount by these agencies, an application for a loan may be considered by the Council. Terms and conditions apply.

Application forms may be returned to:

Postal Address:

**FINGAL COUNTY COUNCIL
HOUSING DEPARTMENT
GROVE ROAD
BLANCHARDSTOWN
DUBLIN 15**

APPENDIX 2

PARTICIPATING INSTITUTIONS

BUILDING SOCIETIES

PERMANENT TSB
E.B.S.
I. C. S. BUILDING SOCIETY
IRISH NATIONWIDE

ASSOCIATED BANKS

ALLIED IRISH BANK
BANK OF IRELAND
NATIONAL IRISH BANK
ULSTER BANK

OTHER INSTITUTIONS

ACC BANK
IRISH LIFE HOMELOANS

CHECKLIST

PLEASE NOTE THAT FAILURE TO SUBMIT ALL OF THE ITEMS LISTED BELOW WILL DELAY THE PROCESSING OF YOUR APPLICATION

- 1. Application fee of **€50.00** (cheques, money orders and postal orders should be crossed and made payable to "Fingal County Council"). Please do **not** send cash through the post. The application fee is non-refundable.
- 2. **P60 Tax Certificate** for the applicant(s) for the previous tax year. This certificate is available from your employer.
- 3. **P21 PAYE Balancing Statement** for the applicant(s) for the previous tax year. You must apply to the Revenue Commissioners for this statement.
- 4. **Four** most recent **payslips**
- 5. **FORM HPL1** - See page 10/11 - this form must be completed by the **Revenue Commissioners** on behalf of the applicant(s). Please contact them for details of your nearest office.
- 6. **FORM HPL2** - See page 12/13 - this form must be completed by the **Department of Social Welfare** on behalf of the applicant(s). **Please note this form must be completed even if you have never claimed social welfare.** Please contact them for details of your nearest office.
- 7. **FORM HPL3** - See page 14/15 - this form must be completed by the applicant's **employer**.
- 8. **Copy of Passport for each applicant or Birth Certificate and photographic identification for each applicant.**
- 9. Copy of Marriage Certificate (if applicable). If applicable, please include Separation Agreement or Divorce Agreement.
- 10. If you are **self-employed** you must submit an **Agreed Tax Assessment** (signed and stamped by the Inspector of Taxes) together with **Certified Audited Accounts** for the tax year immediately preceding date of application.

Email: housing@fingalcoco.ie

Application forms may be returned to:

**Fingal County Council
Housing Department
Grove Road
Blanchardstown
Dublin 15**

PREVIOUS TENANCY:

Please provide address and period of previous tenancy (if any):

ADDRESS

FROM (Date)

TO (Date)

Have you been the owner or any other properties?

YES NO

YES NO

If yes, give details of address

OCCUPATION

FIRST APPLICANT

JOINT APPLICANT

Self-Employed

YES NO

YES NO

Occupation/Job Title:

Employer/Company Name:

Address:

Date of Commencement of Present Employment:

If less than one year in present employment, state name and address of previous employer:

INCOME

Total Gross Income for Previous Income Tax Year:

€ _____

€ _____

Current Income:

€ _____

€ _____

Applicants should enclose their P. 60 and a P.21 Tax Balancing Statement from the Inspector of Taxes for the previous tax year, along with 4 most recent payslips and statement of earnings to date

SAVINGS

Bank/Building Society Name:

Address:

Balance:

€ _____

€ _____

Credit Union Name:	_____	_____
Address:	_____	_____
Balance:	€ _____	€ _____
Amount of Loans outstanding (if any):	€ _____	€ _____

I/We _____ being the tenant(s) of the above property hereby apply to Fingal County Council for the sale of this property to me/us in accordance with the 1995 Tenant Purchase Scheme for Local Authority Dwellings.

DECLARATION

I/WE CLEARLY UNDERSTAND THAT NO WARRANTY BY FINGAL COUNTY COUNCIL SHALL APPLY OR BE DEEMED TO BE IMPLIED AS TO THE STATE OF REPAIR OR CONDITION OR THE FITNESS FOR HUMAN HABITATION OF ANY PROPERTY SOLD UNDER THIS PURCHASE SCHEME AND UPON COMPLETION OF THE SALE OF THIS PROPERTY ALL RESPONSIBILITY FOR THE REPAIR AND MAINTENANCE OF THE PROPERTY SHALL REST WITH ME/US.

I/We HEREBY AUTHORISE THE COUNCIL TO MAKE ANY ENQUIRY FROM ANY OFFICIAL SOURCE CONSIDERED NECESSARY FOR THE PROCESSING OF THIS APPLICATION.

Signature (1st Applicant)	<div style="border: 1px solid black; width: 300px; height: 35px;"></div>	<div style="border: 1px solid black; width: 150px; height: 35px; text-align: center;">/ /</div>
Signature (2nd Applicant)	<div style="border: 1px solid black; width: 300px; height: 35px;"></div>	<div style="border: 1px solid black; width: 150px; height: 35px; text-align: center;">/ /</div>

PLEASE NOTE THE FOLLOWING:

- If a joint application is being made, this form must be signed by both applicants.**
- In the case of married couples, the application must be signed by both spouses.**
- Please remember to include all documents listed on the Checklist. This will ensure that your application is dealt with promptly.**

Acceptance of this application form does not imply an acceptance by the Council of your eligibility under the Tenant Purchase Scheme.

HPL1 Form / First Applicant

THIS FORM MUST BE COMPLETED BY **THE REVENUE COMMISSIONERS**
AND RETURNED WITH EVERY APPLICATION

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED

DATE

OFFICIAL STAMP

HPL1 Form / Joint Applicant

THIS FORM MUST BE COMPLETED BY THE REVENUE COMMISSIONERS AND RETURNED WITH EVERY APPLICATION

YOUR FULL NAME (BLOCK LETTERS)	<input type="text"/>
PREVIOUS NAME (IF ANY)	<input type="text"/>
PRESENT ADDRESS	<input type="text"/>
PREVIOUS ADDRESS (IF ANY)	<input type="text"/>
PPS NUMBER (PRSI NUMBER)	<input type="text"/>

TO BE COMPLETED BY INSPECTOR OF TAXES

I hereby certify, in accordance with my records and to the best of my knowledge, that the above named person has not previously claimed income tax relief in respect of interest paid on money borrowed to purchase or build a dwelling.

SIGNED	<input type="text"/>	DATE	<input type="text"/>
<input type="text"/>			

HPL2 Form / First Applicant

THIS FORM MUST BE COMPLETED BY THE DEPARTMENT OF SOCIAL WELFARE AND RETURNED WITH EVERY APPLICATION

*Please note this form **must** be completed by the Department of Social Welfare for each applicant regardless of whether you have claimed social welfare or not

APPLICANT'S NAME _____

ADDRESS _____

PPS NUMBER _____

Social Welfare Payments 2009

Total amount of Social Welfare Payment received between **January 2009** and **December 2009** € _____

Please specify the **type** of payment(s) _____

Social Welfare Payments 2010

Current amount of Social Welfare Payment received weekly € _____

Please specify the **type** of payment(s) _____

In relation to the above named, I confirm that this information is correct:-

Signed: _____

**DEPARTMENT OF SOCIAL WELFARE
STAMP**

Date: _____

HPL2 Form / Joint Applicant

THIS FORM **MUST** BE COMPLETED BY THE **DEPARTMENT OF SOCIAL WELFARE** AND RETURNED WITH EVERY APPLICATION

*Please note this form **must** be completed by the Department of Social Welfare regardless of whether you have claimed social welfare or not

APPLICANT'S NAME _____

ADDRESS _____

PPS NUMBER _____

Social Welfare Payments 2009

Total amount of Social Welfare Payment received between **January 2009** and **December 2009** € _____

Please specify the **type** of payment(s) _____

Social Welfare Payments 2010

Current amount of Social Welfare Payment received weekly € _____

Please specify the **type** of payment(s) _____

In relation to the above named, I confirm that this information is correct:-

Signed: _____

Date: _____

DEPARTMENT OF SOCIAL WELFARE
STAMP

HPL3 Form / First Applicant

THIS FORM MUST BE COMPLETED BY YOUR **EMPLOYER** AND RETURNED WITH EVERY APPLICATION

APPLICANT'S NAME	<input type="text"/>
ADDRESS	<input type="text"/>
Employer's Name	_____
Address	_____
In relation to the above named, I wish to confirm that the following information is correct:	
Commencement date of work	<input type="text"/>
Present Income	<input type="text"/>
	Weekly/Annual
Position held?	<input type="text"/>
Is employment full time or casual?	<input type="text"/>
Is employment permanent or temporary?	<input type="text"/>
Date employee made permanent?	<input type="text"/>
Will the applicant be employed by you for the foreseeable future?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer's Signature	<input type="text"/>
Date	<input type="text"/>
	EMPLOYER'S STAMP

HPL3 Form / Joint Applicant

THIS FORM MUST BE COMPLETED BY YOUR **EMPLOYER** AND RETURNED WITH EVERY APPLICATION

APPLICANT'S NAME	<input type="text"/>
ADDRESS	<input type="text"/>
Employer's Name	_____
Address	_____
In relation to the above named, I wish to confirm that the following information is correct:	
Commencement date of work	<input type="text"/> Present Income <input type="text"/> Weekly/Annual
Position held?	<input type="text"/>
Is employment full time or casual?	<input type="text"/>
Is employment permanent or temporary?	<input type="text"/>
Date employee made permanent?	<input type="text"/>
Will the applicant be employed by you for the foreseeable future?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer's Signature	<input type="text"/>
Date	<input type="text"/>
	EMPLOYER'S STAMP