



Fingal County Council  
Comhairle Contae Fhine Gall

## APPLICATION FOR FINGAL COUNTY COUNCIL'S CONSENT TO THE TRANSFER OF A LOAN FROM SOLE NAME INTO JOINT NAMES

NAME OF BORROWER:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DAYTIME CONTACT NUMBER: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

NAME TO BE ADDED: \_\_\_\_\_

\_\_\_\_\_

PPS NUMBER: \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP TO THE BORROWER? :

\_\_\_\_\_

I wish to apply for the consent of Fingal County Council to the transfer of the  
loan on the property at \_\_\_\_\_

\_\_\_\_\_

into the joint names of \_\_\_\_\_

\_\_\_\_\_

We declare that the information given above is correct.

Signed: \_\_\_\_\_

CURRENT BORROWER

\_\_\_\_\_

TRANSFeree  
(Person to be added)

Date: \_\_\_\_\_

*Please return completed application form to:*  
**Fingal County Council, Housing Dept., Loan Accounts Section, Grove Road,  
Blanchardstown, Dublin 15.**

PLEASE NOTE:

1. An application fee of €38.00 must accompany this form, along with completed forms HPL1, HPL2 and HPL3 (attached).  
**Office use only: receipt code HL006**
2. Please forward P60 and P21 for the previous tax. If self employed please forward the agreed tax assessment for the previous tax year.
3. Fire and Flood insurance premiums must be up to date.
4. Your loan account must be up to date before your application will be considered.
5. If your application is successful the Council will give its consent to the Transfer and your solicitor attends to the registration and stamping of Transfer Deed and furnishes our Law Department with up-to-date copy Folio on completion of registration.
6. The Local Authority mortgage protection declaration will have to be signed by the person being added prior to completion of the transfer.

*Please return completed forms and relevant documentation to:*

**Fingal County Council,  
Housing Dept.,  
Loan Accounts Section,  
Grove Road,  
Blanchardstown,  
Dublin 15.**

**HPL 1**

**DETAILS OF PERSON(S) TO BE ADDED**

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	<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**

**HPL 2**

**DETAILS OF PERSON(S) TO BE ADDED  
(only if in receipt of Social Welfare)**

**TO BE COMPLETED BY DEPARTMENT OF SOCIAL WELFARE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PPS NUMBER \_\_\_\_\_

**In relation to the above named, I confirm the following information is correct:**

Total Social Welfare Payment received last year

€ \_\_\_\_\_

Nature of Payment: UA / UB / Other (Please specify)

\_\_\_\_\_

Current amount of Social Welfare Payment received weekly

\_\_\_\_\_

Nature of Payment: UA / UB / Other (Please specify)

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF SOCIAL  
WELFARE STAMP**