



Comhairle Cathrach na Gaillimhe  
Galway City Council

Tel: 091- 536400 E-mail  
[housing@galwaycity.ie](mailto:housing@galwaycity.ie) Web: [www.galwaycity.ie](http://www.galwaycity.ie)

### **APPLICATION FOR SUCCESSION OF TENANCY**

On the death of a tenant, the tenancy may or may not be transferred to the tenant's spouse or to a member of the tenant's immediate family normally resident in the dwelling at the date of the tenant's death. The awarding of tenancies is at the discretion of the Council.

Application for tenancy of **(Address)** \_\_\_\_\_

Name (s) of applicant (s) \_\_\_\_\_

PPSN \_\_\_\_\_ D.O. B \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_



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Name (s) of applicant (s) \_\_\_\_\_

PPSN \_\_\_\_\_ D.O. B \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Is the application for Joint Tenancy / Sole Tenancy? \_\_\_\_\_

Name of former tenant \_\_\_\_\_

Reason for termination of tenancy \_\_\_\_\_ Date \_\_\_\_\_

Current Weekly Rent € \_\_\_\_\_

Current Arrears (if applicable) € \_\_\_\_\_

Relationship to former tenant \_\_\_\_\_

Length of residency with former tenant \_\_\_\_\_

Have you been declared as an occupant and registered for rent purposes at the property?  
Y/N \_\_\_\_\_

Has the dwelling been specially designed /adapted for use by someone with a disability? Y/N \_\_\_\_\_

If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_



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Under Section 14 of the Housing [Miscellaneous Provisions] Act 1997, a housing authority may refuse to allocate or defer the allocation of a dwelling to a person where the authority considers that the person is or has been engaged in anti-social behaviour or that an allocation to that person would not be in the interest of good estate management.

In the 5 year period prior to the date of this application, have you or any member of the household been convicted of an offence under the following statutory provisions? Y/N

Please list all other family members / occupants of the dwelling:

Name	Relationship to Applicant	Date of Birth	PPSN	Income Details

Please state the reason(s) why you are requesting succession of tenancy.

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Do you own / part own a dwelling house? Y/N

If yes, please state the address.

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The Following documentation must be submitted with your application for Succession of Tenancy:

- Please complete the attached Interview Declaration -Access to Information Form in respect of each applicant / person over 18 years.
- Please complete the HPLI Form at your local Revenue Office and submit this application.
- Please submit your Birth Certificate.
- Please submit a copy of a marriage certificate (if appropriate)
- Please submit copy of separation/divorce decree if appropriate
- Please submit Photographic Identification.
- Please submit documentary evidence of your income including income details for any other person residing in the dwelling.
- Please submit documentary evidence to prove you have lived in this dwelling for the past 24 months.

If there are other family members / next of kin of the former tenant, who may reasonably have expected to succeed the tenancy, confirmation in writing must be submitted that (s)he / they do not have an interest in the property.

If your application for succession of tenancy is successful, you will be required to undertake to clear any outstanding rent arrears / charges due on the dwelling.



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**Declaration: I/We hereby apply for Succession of Tenancy and declare that the particulars stated herein are correct and true.**

Collection and Use of Data: The housing authority will use the data which you have supplied to assess and administer your housing application. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The housing authority may, in conjunction with the Department of the Environment, Heritage & Local Government, process this data for research purposes including forward planning in relation to the assessment of housing needs. The Housing Authority may, for the purpose of its functions under the Housing Acts of 1966 - 2014, request and obtain information from another housing authority, the Criminal Assets Bureau, An Garda Síochána, The Department for Social Protection, the Health Service Executive [HSE] or an approved housing body, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and any other person the authority considers may be engaged in anti-social behaviour.

Declaration I/We declare that the information and particulars given by me/us on this application are true and correct. I/we undertake to notify the Housing Authority of any change in my/our household circumstances (e.g. address, household composition, employment, medical conditions etc.) I/We also authorise the housing authority to make whatever enquiries it considers necessary to verify details of my/our application. I/We am/are aware that the furnishing of false or misleading information is an offence liable to prosecution.

**Signed by applicant (s):** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Completed forms to be sent to:**

**Housing Department,  
Galway City Council,  
College Rd,  
Galway**

