Comhairle Chontae Liatroma
Leitrim County Council

Áras an Chontae
Cora Droma Rúisc
Contae Liatroma
N41 PF67

Áras an Chontae
Carrick on Shannon
County Leitrim
N41 PF67

FORM RT-1 – RELINQUISHMENT OF JOINT TENANCY

(*DEPARTING TENANT*)

Tenant Details

Name: _____

Address: _____

Date of Birth: _____/_____/_____ **PPS Number:**_____

Phone: _____ **Email:** _____

Statement of Relinquishment

I voluntarily relinquish my interest in the joint tenancy at the above address. I understand that by relinquishing my interest in this tenancy, I am giving up my right to reside in this dwelling, and I am responsible for meeting my own future housing needs. I understand that if I require social housing support in the future, I must make a new application to Leitrim County Council and will be assessed in accordance with the Allocation Scheme. I acknowledge that both tenants are jointly and severally liable for all arrears up to the date the relinquishment is approved.

Signature: _____**Date:** _____/_____/_____

ID Verification (staff)

ID Type: _____

Verified by: _____ **Date:** _____/_____/_____

Reason (optional)

☐ relationship breakdown

☐ moving elsewhere

☐ personal reasons

☐ other _____

Rent Arrears Acknowledgement and arrangements

Customer No: _____ Current arrears (if any): €_____

Arrangements agreed between the parties (private arrangements)

☐ Remaining tenant will take responsibility for repayments

☐ Both parties agree to contribute as follows:

- Departing Tenant: €_____per week/month
- Remaining Tenant: €_____per week/month

☐ no agreement reached

☐ not applicable – no arrears

I understand that private arrangements do not limit the Councils right to recover arrears from either tenant.

Signature: _____**Date:** _____/_____/_____

Declaration

I declare that the information supplied in this application is true and complete. I understand that, in carrying out its functions under the Housing Acts 1966–2014 and related housing legislation, Leitrim County Council may seek to verify information provided in this application and may request and obtain information from other public bodies and organisations where permitted by law. These may include another local authority, An Garda Síochána, the Department of Social Protection, the Revenue Commissioners, the Health Service Executive (HSE), an Approved Housing Body, or any other relevant agency for the purpose of assessing this application, maintaining accurate tenancy records, rent assessment, tenancy management and compliance with housing legislation. I consent to Leitrim County Council processing my personal information for tenancy management, rent assessment and housing administration purposes.

Signature: _____

Print name: _____**Date:** _____/_____/_____

Witnessed by: _____ **(LCC Staff)**

Print name: _____**Date:** _____/_____/_____

The information provided on this form will be processed by Leitrim County Council for the purposes of tenancy management, rent assessment and maintaining accurate housing records in accordance with Data Protection Legislation.

Please return the completed form to: Housing Department
Áras an Chontae
Carrick on Shannon
Co Leitrim
N41 PF67

You can contact us by phone at **071 965 0426** or by email at housing@leitrimcoco.ie