**Short Term Leasing Arrangement**

As a minimum requirement, all information requested in this template should be completed. The local authority may return incomplete submissions. Completed forms should be sent directly to the Administrative Officer at Cavan County Council, Courthouse, Cavan H12 R6V2. The envelope should be clearly marked with the following text: “**Short-Term Leasing Arrangements”.**

# **Guidance to Requirements of Short-Term Leasing Arrangements**

* Subject to an assessment of need, suitability, and inspection under the Housing (Standards for Rented Houses) Regulations 2019, the unit submitted may be considered suitable for the short-term leasing arrangement.
* Units must be vacant and furnished
* Only furnished apartments with own front door may be considered (no shared areas).
* Following the assessment process a Letter of Intent to lease will be issued requesting detailed information to be submitted to progress (at applicants’ own cost), an example of which is outlined below:

1. Letter of compliance for planning fees/development charges/Part V

2. Letter from lender stating that it is satisfied for owner/applicant to enter a lease agreement for the unit (s) with the Local Authority (where a mortgage exists)

3. Letter from solicitor stating proof of ownership and Family Law declaration if applicable

4. Evidence Local Property Tax is paid up to date

5. SEI Registered BER Certificate with minimum of a C2 rating per unit

6. A valid eTax Clearance Certificate issued by the Revenue Commissioners.

7. Current ETCI Period Inspection Report by a Registered Contractor for the electrical installation in the house to include Test Record Sheet and a sketch of the installation

8. Declaration of Conformance for an IS813\* annex E inspection by a Registered Gas Installer for the gas installation in the house (if applicable)

**RAS Type Agreement**

* Property owners will retain landlord responsibilities.
* Local Authorities pay approximately 92%/95% of the current market rate to the owners.
* An agreement term between 1 and 10 years
* Owner retains responsibility for day-to-day property maintenance.
* Residential Tenancies Act 2004 applies to RAAs.
* Rent reviews will be negotiated on a case-by-case basis.
* Owner is landlord to tenants nominated by the Local Authority and must register with the Residential Tenancies Board (RTB)

**Note for Applicants/Property Owners resident in Northern Ireland (non-Resident Landlords)**

For property owners, who wish to lease their property in County Cavan to the Local Authority, please note if a lease agreement is entered into, 20% is deducted from the agreed discounted rent value each month prior to issue of cheque to the owner and said 20% is paid instead to the ROI Revenue as a tax. It will be the responsibility of the property owner to make an appropriate tax return to the ROI Revenue to seek to have same reclaimed.

**CAVAN COUNTY COUNCIL**

**SHORT TERM LEASING ARRANGEMENT APPLICATION**

|  |
| --- |
| **Section 1 Contact details – complete all sections** |
| **Property Owner’s Name** |   |
| **Address for Correspondence**  |   |
| **Contact Number:**  |   |
| **Email Address:**  |   |

|  |
| --- |
| **Section 1 Contact details – complete all sections** |
| **Property Owner’s Name** |   |
| **Address for Correspondence**  |   |
| **Contact Number:**  |   |
| **Email Address:**  |   |
| **Section 2 Property Details – Complete all sections** |
|  |
| **Property Address** |   |
| **Property Type** | Detached/Semi Detached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bungalow/2 Storey/Dormer/Apartment/Duplex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Floor Area (Sq. m): \_\_\_\_\_\_\_\_\_\_Age of Property: \_\_\_\_\_\_\_\_\_\_BER Rating: \_\_\_\_\_\_\_\_\_\_ |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3 - Type of Rooms** |  |  |  |
|   | Bedrooms | Living | Dining | Kitchen | Bathroom | Other |
| Upstairs  |   |   |   |   |   |   |
| Downstairs  |   |   |   |   |   |   |

I wish to have my property as detailed above considered for the short-term leasing scheme on a RAS Availability Agreement.

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

 Owner Joint Owner

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