

Appendix 1: Application for Relocation

Please fill out completely:

Date of request: _____

Name of applicant: _____

Home Phone: _____

Work Phone: _____

Email: _____

Preferred method of contact: _____

Present Unit Number: _____

Length of residence in Hugh Garner: _____ Length of residence in present unit: _____

Have you relocated within Hugh Garner before? Yes ___ No ___

If yes, give details _____

FOR OFFICE USE ONLY:

Application Reviewed by: _____

Good Standing? Yes ___ No ___

Free from Arrears? Yes ___ No ___

Current Unit acceptable? Yes ___ No ___

Eligible to Relocate? Yes ___ No ___

If not, date applicant advised: _____

Names of members and guests residing in present unit:

Name	Relation to Applicant	Date of Birth	Will person move to new unit?	Status (Member, Guest, Child)

Names of all Members participation:

MEMBER NAME	ARE YOU A MEMBER IN GOOD STANDING?	HOW DO YOU CURRENTLY PARTICIPATE IN THE CO-OP?

Reason for relocation (e.g. overcrowding, health problems): _____

Detail of unit(s) requested (e.g. size, location): _____

I have received, read and understand the Waiting List By-Law, By-Law # 34.

SIGNATURE: _____ **DATE:** _____
