

Village Green Co-operative Homes Inc.

Internal Move Request

Date: _____

Unit # _____

Member(s): _____

Please list children and/or other occupants of the household :(with Date of Birth MM\DD\YYYY)

Please check off appropriate ones

I/WE would like to be placed on the internal waiting list for a:

_____ 2 bedroom unit

_____ 3 bedroom unit

_____ 4 bedroom unit

Are you requesting this move due to medical reasons: YES NO

If no provide reason(s) for request.

I/We understand that acceptance of this request is conditional upon:

1. The member(s)/household are in good standing with the Co-op, according to policies and by-laws. i.e. Policy Section 1-Internal Move 1.2 (A) Eligibility Criteria
2. That current income verification is provided with the request, and will provide additional information if required.
3. An inspection of our current unit meets the Co-op By-law and policies.
4. That subsidy assistance may or may not be available to the household with this move and agree to pay the new housing charge amount (this may include a subsidy surcharge if applicable).
5. The Membership Committee and Board of Directors may consider this request. If approved household will be placed on the Internal Waiting List for the unit size.
6. The member shall provide a deposit of \$100.00, once a unit has been offered and accepted.

Signature of Member

Date

Signature of Member

Date

Office Use Only	
Date Received: _____	Enter on HMWork: _____