

LONDON TOWN COOPERATIVE HOMES INC.

INTERNAL MOVE APPLICATION

Name of Applicant: _____ Unit: _____

Phone Number: _____

List All Other Household Occupants:

Name	Relationship	Birthdate (m/d/yr)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Reasons for Requesting a Transfer:

- My current rent is unaffordable My unit is too big
- My unit is too small Medical / Disability
- Other _____

Type, Size or Location of Unit Needed: _____

Signature of All Applicants (16 years old or older):

Name : _____ Date: _____

Name : _____ Date: _____

BOARD RECOMMENDATION:

1. Accepted _____ IF AVAILABLE Unit #: _____ Date Available: _____

2. Rejected _____ Date Member Notified: _____

Reasons: _____

3. Appeal _____ Date Member Notified: _____

BOARD DECISION: _____