

# SCHEDULE E

## Internal Transfer Application

Name: \_\_\_\_\_

Current Unit: \_\_\_\_\_

Number of bedrooms in current unit: \_\_\_\_\_

Number of bedrooms requested: \_\_\_\_\_

Other household members who will be living with you:

Name	Date of birth	Relationship (if applicable)

Length of time in current unit: \_\_\_\_\_

Reasons for Requesting Transfer:

- Overhoused (fewer occupants than allowed under applicable occupancy standards)
- Underhoused (more occupants than allowed under applicable occupancy standards)
- Family abuse (confirmed by service manager)
- Medical condition or disability makes the unit inaccessible or aggravates a condition
- Current housing charge unaffordable (market-paying household)
- Other (specify) \_\_\_\_\_

Please add any relevant details about why you are seeking a transfer


I understand that the Internal Transfer process is subject to the provisions of the Membership Approval and Waiting List By-law and that the Co-op may require documentation to support this application to transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(member)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(on behalf of the Board of Directors)