

Granville Gardens Housing Co-operative

INTERNAL TRANSFER REQUEST

Name _____ Unit _____

Date _____

Contact info Phone _____ Email _____

Number of Family members: _____

Adults _____ Children _____ Children's Ages _____

Requesting transfer to _____ # of bedrooms

___ Apartment _____ Lower _____ Upper _____ Either

___ Townhouse OR

___ Wheelchair accessible unit

Members are allowed to apply for an internal transfer at any time, however, when there is a vacancy, internal transfers are offered on a first-come, first-served basis to families of the appropriate size based on our Housing Policy.

I give consent to my personal information on this form being shared with the Membership Committee and the Board with the understanding that this information will solely be used for the purpose of filling an internal transfer.

Signature