

Lois Miller Cooperative Homes Inc.

Internal Transfer Request Form

Name of applicant(s); \_\_\_\_\_

Unit: \_\_\_\_\_ Building: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you done an internal move in the last 5 years: \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, when \_\_\_\_\_ Unit/Building: \_\_\_\_\_

Other household members

Name	Relationship to Applicant	Birthdate MM/DD/YYYY

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

Reasons for wishing to transfer (indicate choice with an X):

- I am living with abuse.
- My current rent is unaffordable.
- I have a medical condition or disability and my current unit does not accommodate my needs (i.e. it is inaccessible, or the unit aggravates the condition, or prevents or substantially increases the cost of treatment). *Please include a doctor's letter, describing your condition, and how a different unit would improve the situation.*
- My unit is: too small    too large    (circle size that applies)
- Other reason: \_\_\_\_\_

Type and size of unit needed: (circle unit size)    one bedroom    two bedroom    three bedroom

Are you seeking an accessible unit: (circle one)    Yes    No

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_