

Mondragon Co-operative Homes Inc.

Request for Internal Transfer

Date	Current Unit #			
Current unit size / type	Size / type of unit requested			
How long have you lived in your current unit?	Have you lived in other units in the Co-op? If yes, which unit(s) and when			
Why do you want to move to another unit?				
Please list all the people who live in your unit (make sure you list yourself)				
Last Name	First Name	M or F	Relationship	Date of Birth
In making this Request for Internal Transfer, I/we confirm that I/we owe no monies to the Co-op. I understand the Co-op will inspect my unit once this request is received and that a report of this inspection will be submitted to the Board along with this Request.				
Print Name		Signature		
Print Name		Signature		

Print Name	Signature
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For office use:

Date application received	Arrears attach copy of housing charge ledgers																
	Date arrears paid in full																
Date of Unit Inspection	General condition of unit																
	<table> <tr> <td></td><td>Good</td><td>Fair</td><td>Poor</td></tr> <tr> <td>floors</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>walls</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>cleanliness</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>			Good	Fair	Poor	floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
	Good	Fair	Poor														
floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
attach a copy of unit inspection report																	
Date of Board meeting to consider the Request for Internal Transfer	Board's decision																
Date applicant given written notice of Board's decision	Date of offer	Unit # offered															
	<input type="checkbox"/> unable to contact applicant <input type="checkbox"/> offer accepted <input type="checkbox"/> no response to offer <input type="checkbox"/> offer refused																