Application for Rehousing in Alternative Dwelling

Date received: /	
Date of application:	
Full name of tenant	
Current address	
Desired address(es) for rehousing	
(if in a general cluster site or location specify)	
Reason(s) for wishing to move	
Do you currently have any outstanding debts to the Cooperative?	☐ Yes –please specify:
	□ No
Date you wish to relocate:	
(if required)	

Submit to Tenancy Officer

Please note that this form will only be valid until the date of the next AGM of the co-operative.

If you wish to continue your request, please resubmit form after that date.

Application For Re-Housing In An Alternate Dwelling MTS.docx Approved by the MTS Subcommittee 03/08/2014 Approved by MERZ Committee of Management on 18/08/2014