



550 Ontario Street
Toronto, ON
M4X 1X3

T: 416.927.0407
F: 416.927.8926

APPLICATION FOR RELOCATION

Please fill out completely:

Date of request: _____

Name of applicant: _____

Present Unit Number: _____ Home Phone: _____ Work Phone: _____

Length of residence in Hugh Garner: _____

Length of residence in present unit: _____

Have you relocated within Hugh Garner before? _____

If yes, give details _____

Names of members and guests residing in present unit:

NAME	RELATION TO APPLICANT	DATE OF BIRTH	SEX	STATUS (guest, member, etc.)

MISSION STATEMENT:

Hugh Garner Housing Co-operative provides through democratic participation of its diverse membership, environmentally sustainable, affordable and safe co-operative housing.



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Names of ALL persons to reside in new unit including those above:

NAME	DATE OF INTERVIEW	DATE OF INFO SESSION ATTENDED

Reason for relocation (e.g. overcrowding, health problems): _____

Detail of unit(s) requested (e.g. size, location): _____

I have received, read and understand the Waiting List By-Law, By-Law # 34.

Signatures of Applicants:

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