

SALAL HOUSING CO-OPERATIVE

INTERNAL MOVE REQUEST

MEMBER INFORMATION:

Name(s): _____

Unit #: _____

of children: _____

Phone#: (Home) _____

Work#: _____

of vehicles: _____

Pet(s): _____

Description of vehicles: _____

Type(s) of Pets: _____

UNIT SIZE REQUESTED: _____

PLEASE NOTE: THE FOLLOWING APPLICANT ELIGIBILITY WILL BE REVIEWED WHEN A UNIT BECOMES AVAILABLE:

- 1) The Member(s) must have resided in the Co-op for a period of at least one year
- 2) The Member(s) must be ACTIVE in the Co-op
- 3) The Member(s) must be in GOOD STANDING in the Co-op

PLEASE NOTE: Additional Shares will have to be topped up if the current amount on file that you paid previously is not in the amount of \$2500. This will need to be paid by a certified check or money order by the 15th of the month preceding the move.

REASON FOR REQUEST: _____

PRESENT COMMITTEES YOU ARE ACTIVELY PARTICIPATING ON: _____

DATE: _____

SIGNATURE(S): _____

OFFICE USE ONLY:

DATE RECEIVED: _____

APPROVED BY THE BOARD OF DIRECTORS _____