



Carpathia
housing co-op Ltd.

Application for Internal Transfer

Office Use Only:	
File Name:	
C/R <input type="checkbox"/> 2 <input type="checkbox"/> 3 S/W <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 3	Application Date:
<input type="checkbox"/> Transfer Fee Paid <input type="checkbox"/> Member for 18 months	<input type="checkbox"/> Volunteer Involvement <input type="checkbox"/> Inspections Complete
Comments:	
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Application for Internal Transfer (Please Print)

Applicant #1		Applicant #2	
Name:		Name:	
Unit Number:			
Telephone:		Telephone	
Number of Individuals in the Household: _____ Adults _____ Children			
Size of Accommodation Requested:	<input type="checkbox"/> 2 Bedroom Townhome <input type="checkbox"/> 3 Bedroom Townhome <input type="checkbox"/> 4 Bedroom Townhome <input type="checkbox"/> 5 Bedroom Townhome	<input type="checkbox"/> 1 Bedroom Apartment <input type="checkbox"/> 2 Bedroom Apartment <input type="checkbox"/> 2 Bedroom Apartment mobility unit <input type="checkbox"/> 3 Bedroom Apartment	
Reason for Transfer Request:			
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Dogs: _____ Number of Cats: _____	
Do you have any contained pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: _____	
Are all your pets registered with the Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is any member of your household, or have you at anytime been an active member of a volunteer committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes which committee?			
Is any member of your household, or have you ever been a member of the Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does a voting member of your household regularly attend the general membership meetings of Carpathia Housing Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you volunteer outside the Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom?			

Application for Internal Transfer

Reasons I/we like to live in Carpathia Housing Co-op:

What areas, if any, do you feel could use improvement within the Co-op:

I/We understand the conditions listed on reverse must be met prior to being permitted to transfer internally.

I/we understand that any and all information provided in this application may be used for determination of my/our eligibility for an internal transfer. If accepted, this information will be kept on file in electronic and /or paper format until our internal transfer request has been either formally rejected or has been accepted and the internal transfer is complete.

I/we understand that the information contained within this application will be utilized only for the determination of our eligibility for and internal transfer and will be only made accessible to employees of Carpathia Housing Co-op and the members of the Membership Committee. I/we declare that all the information in this application is correct. I/We give the co-op permission to verify any of this information.

I/we understand that a \$50.00 non-refundable application fee must be paid prior to this application being processed.

Signed,

Applicant #1

Applicant #2

Date

Date

Application for Internal Transfer

Guidelines for Internal Transfer:

This policy and procedure on “Internal Transfers” forms an integral part of the *Membership determination process*. It falls under the direct authority and responsibility of the Membership Committee of the Board of Directors and is administered by the Administration staff.

The member requesting a transfer must:

- Submit an *Internal Transfer Application Fee* of \$50.00
- Have been a member for a minimum of 18 months.
- Have no housing charge arrears.
- Have an unquestionable record of payment of housing charges with no more than two (2) late payment fees assessed against him-her for the past 18 months.
- Have a record of current or past participation on a standing committee or a working group of the Co-op or a documented involvement in the community at large (I.E. community club, parent or school committee, etc.)
- Have demonstrated a willingness to live in harmony with neighbors and dealt cooperatively with other members, Board, and staff.
- Upon due notice, submit to a unit/suite inspections by Administration/Maintenance staff.
- Have a file that is free of any legitimate and uncontested letters of complaint or violations of the Ordinary By-laws.
- Maintain a unit that is free of any “visible” damages by pets and is free of pet odors.
- Submit a refundable cleaning/refurbishing deposit of \$200.00 if requested.

Unit Upsizing or Downsizing:

Circumstances will arise from time to time respecting the need to either upsize or downsize based on a decrease or increase in household members. The applicant must subject himself/herself to the *Guidelines for Internal Transfer*. Special consideration will be given regarding the financial obligations required under the guidelines using the “*Demand Note*” policy and procedure. Such consideration is subject to the approval of the General Manager. Lateral moves, for example moving from a 2 bedroom to another 2 bedroom apartment/townhouse, **will not** be considered. The Board alone maintains the right to move tenants laterally, with their agreement, should circumstances permit.

Interview Process

If all the above conditions have been met, the Administration shall submit the application to the Board of Directors for approval.

The Final Approval

The final approval for an Internal Transfer shall be by recommendation of the Membership Committee to the Board of Directors. All requests for internal transfers will be granted based upon the “greatest stated need” for the transfer and may not necessarily be granted according to the date of application.