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 Co-operative? | ☐ 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.