



TAPSCOTT VILLAGE CO-OPERATIVE INC.

MAINTENANCE REQUEST

NAME: _____

DATE: _____

BUILDING & UNIT NUMBER: _____

TELEPHONE: _____

DETAILED DESCRIPTION OF WORK NEEDED

If provided the materials and/or tools, are you willing to do the repair yourself?

YES _____

NO _____

I hereby authorize the management office or repair person to enter my unit in the event that I am not available.

(Signature)

(Date)

FOR OFFICE USE ONLY

ASSIGNED TO: _____

DATE: _____

COMPLETION DATE: _____

WORK ORDER #: _____

COMMENTS: _____



TAPSCOTT VILLAGE CO-OPERATIVE INC.

78 Tapscott Road, Unit 4
Scarborough, Ontario
M1B 3G7
Tel: (416) 298-6680
Fax: (416) 298-6945

INTERNAL TRANSFER APPLICATION FORM

MEMBER NAME: _____ Phone Number: _____

Current Address: _____

CURRENT UNIT SIZE:

- One Bedroom Apartment
- Two Bedroom Apartment
- Three Bedroom Apartment

REQUESTED UNIT SIZE:

- One Bedroom Apartment
- Two Bedroom Apartment
- Three Bedroom Apartment

FAMILY COMPOSITION: _____

REASON FOR REQUEST

- Increase in Family Size
- Other: Please Explain: _____
- Financial Hardship
- Decrease in Family Size

In order to be considered for an internal transfer:

- 1) If this is your first transfer, you must have resided at your current address for 1 calendar year (12 consecutive months).
- 2) If this is your second transfer, you must have resided at your current address for 2 calendar years (24 consecutive months).
- 3) Your account must be in good standing with NO ARREARS.
- 4) Your unit must meet the standards of a move-out inspection, with no damages or outstanding work orders.

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF YOUR REQUEST. THE BOARD OF DIRECTORS MUST APPROVE OR DECLINE ALL TRANSFER REQUESTS IN THE ORDER THAT THEY ARE RECEIVED.

Member Signature: _____ Member Signature _____

For Office Use Only:

- APPROVED – Unit Available
- APPROVED – Waitlist
- DECLINED: Does Not Qualify
- DECLINED: As per Board of Directors

<p>Received:</p>
