
REQUEST FOR A CHANGE IN PERMANENT OCCUPANCY

Principal Member's Name: _____

Unit #: _____ Addition Reduction

Person(s) applying for, or to be deleted from, permanent residency status:

Name: _____ Age (if under 19) _____

Name: _____ Age (if under 19) _____

Date of _____.

Additional information (if any):

Signature: _____ Date: _____

Office use only:

Date Received: _____ Change in subsidy use? Yes No

Income documents received? Yes No n/a

Interview required? Yes No n/a

Date referred to Membership Committee: _____

Final result: Approved Not approved

Signed: _____ Date: _____

(For the Board of Directors)

(File original, make copies for Membership Committee, notify member.)