

**OAKDALE RESIDENTS COOPERATIVE
OCCUPANCY TRANSFER WAITLIST
REQUEST**

Date of Request: _____

I/We,

Member(s) of Record:

Address: _____ Unit Number: _____

Current Unit Size: _____ Telephone Number: _____

**REQUEST TO BE PLACED ON THE OCCUPANCY TRANSFER
WAITLIST FOR THE FOLLOWING UNIT SIZE(S) IDENTIFIED BELOW:
Please place an X next to your choices**

UNIT SIZE:	1st CHOICE	2nd CHOICE
1 Bedroom Townhome	_____	_____
2 Bedroom Townhome	_____	_____
3 Bedroom Townhome	_____	_____
4 Bedroom Townhome	_____	_____
3 Bedroom Ranch Home	_____	_____
4 Bedroom Ranch Home	_____	_____

Member(s) of Record Acknowledgment Signature(s) below:

_____ Date: _____

_____ Date: _____

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We, the Board of Directors do hereby **Approve** [] / **Deny** [] the above waitlist transfer request in accordance with the Transfer Policy.

President, Board of Directors, Oakdale Residents Cooperative

Date

REV 7/2020

**ISSUED 07/30/2020
Effective 09/01/2020**