

BRITANNIA GLEN CO-OPERATIVE HOMES INC.

INTERNAL TRANSFER POLICY

Date Approved by the Board: February 10, 2010

Date Confirmed by the Member: February 23, 2010

Reference:

Social Housing Reform Act 2000, 339/01 Sect 11 & 14
Social Housing Reform Act 2000, 298/01, Sec 32-34 & 35.1

An internal move should always be considered a privilege, not a right, and must be approved by a majority vote of the Board of Directors.

Internal Moves are expensive for the Co-operative. The unit desired by the member(s) has to be prepared for occupancy (maintenance costs) and will remain vacant (revenue loss) during the period of preparation. The unit vacated by the member(s) also has to be prepared for occupancy and will remain vacant during the preparation.

This Internal Transfer Policy applies to all new members requesting an internal transfer as well as members on the current internal transfer waiting list.

1. Purpose

The purpose of this policy is to set out the rules affecting the transfer of members from one unit to another unit within the co-op, referred to below as "internal transfers"

The Regulations require the Co-op to set policies and procedures for internal transfers of geared-to-income households. These policies and procedures must comply with Government Requirements. They are different from the Co-op's earlier policies as stated in its by-laws.

2. Internal Waiting List

The Co-op will have a waiting list for internal transfers. The internal waiting list will also include transfers required under the SHRA. Internal transfers are to be discussed and decided In-Camera at the Board meeting. The unit requesting the internal transfer and the decision arrived at In-Camera will be announced at the Regular meeting.

3. How to request an internal transfer

- 3.1 Eligible member households who wish to apply for an internal transfer must complete the request for internal transfer form (attached) and submit it to the Co-op office.
- 3.2 The Co-op will conduct following receipt of the Request for internal transfer an inspection of the applicant's unit.
- 3.3 The Board will review the Request for transfer and the unit inspection report and decide whether or not to approve the request. Members requesting an internal move must do so by filling out the 'Request for internal transfer' form, signed by all members

on the housing agreement. Long-Term guests will not constitute justification for an internal move.

4. Priority

- a. This section states the order of priority for allocating a unit when it becomes vacant. It is subject to all government requirements and the specific provisions set out in this policy.
- b. The Board of Directors/Co-ordinator will offer the unit in the following order.
 - **First**, to geared-to-income or special needs members who have requested an internal transfer and have been given special priority status by the Co-op
 - **Second**, to members who have to make a required transfer under this policy. They will be ranked in the following order:
 - Section 8 (overhoused geared-to-income)
 - Section 9 (Special needs – Modified units)
 - Section 10 (Special needs- Support Services)
 - **Third**, to members on the Internal waiting list who are required to transfer under the co-op by-laws
 - **Fourth**, to members who have requested an internal transfer
 - **Fifth**, to external applicants

5. Eligibility for internal Transfer

Members can only apply for an internal transfer if;

- they have lived in their current unit for at least one year;
- they do not owe money to the co-op
- there has been a change in their household size or household circumstances which requires them to move to a bigger or smaller unit and
- they have properly completed and submitted the request for internal transfer form

6. Evaluation of Requests for Internal Transfer

When evaluating a Request for internal transfer, the Board will also consider the following;

- The unit inspection report – When a member's unit is inspected and if it is not up to standards, the member should be delayed to transfer.
- The history of housing charge payments
- Length of time lived in the current unit
- Any information concerning previous internal moves, if applicable.
- If the unit requested and approved for an internal move is found by the co-op to be in satisfactory, mechanical and sanitary condition, the Board of Directors will also allow the member to move into the unit "as is". Painting and or redecorating will be the responsibility of the member. Both parties must bring up both units to co-op standards before move-out.

7. Role of Staff in making offers

Co-op staff is authorized to make offers to households that are required to transfer under this by-law without referring them to the board.

Co-op staff and directors will keep the board up to date on information they may have regarding potential move-outs and internal transfers. This is to permit offers to be made quickly.

8. Required transfers

There are rules of priority in offering units to households that must move to another unit according to Government requirements. In this policy these moves are called required transfers.

9. Overhoused – Geared to income households:

This category is made up of households paying a geared-to-income housing charge who have received a notice that they are overhoused from the Service manager (or the Co-op staff on behalf of the Service Manager) if the Co-op has at least one unit where the household would not be overhoused.

Within this category, priority will be based on the date of application for geared-to-income assistance. If a household has applied more than once for geared-to-income assistance, the Co-op will use the last date they applied to set priority.

10. Special Needs – Modified Units

This category is made up of households who occupy modified units and who are no longer eligible for this type of special needs housing. The Board can give them a Notice to Transfer. These households are no longer considered special needs households so applicable occupancy standards apply to them.

Whithin this category, priority will be based on the date of delivery of the Notice to transfer. A household will not lose eligibility for special needs housing only because its relationship with a support services agency has ended.

11. Offering and Accepting Units

11.1 The Co-op General Manager/Co-ordinator and/or Membership Administrator are authorized to make offers to approved applicants.

11.2 When a unit becomes available for internal transfer, the Co-op will contact the member with priority on the internal waiting list. If the Co-op is unable to contact the member with priority on the internal transfer waiting list within 48 hours, the unit will be offered to the next eligible members. The original household will retain its priority on the Internal Transfer waiting list.

11.3 Approved applicants must notify the Co-op office within 48 hours of being offered a unit whether they wish to accept the unit. If they fail to do so, they will be considered to have refused the unit.

11.4 Once an approved applicant on the internal transfer waiting list has accepted a unit, the member must vacate his or her existing unit and move into the new unit on the date specified by the co-op. Acceptance of the new unit may not be withdrawn without the written consent of the Board.

11.5 When a member accepts a unit, they must come into the office within 48 hours to sign a new Occupancy Agreement. The Co-op Co-ordinator for other legitimate reasons may extend this period.

12. Refusing a unit

An approved applicant may refuse Two (2) offers of internal transfer. If they refuse a third offer they will be removed from the internal transfer waiting list and barred from submitting another request for internal transfer.

13. Internal Transfer Deposit

- 9.1 When an approved applicant accepts a unit for internal transfer, they must pay an internal transfer deposit of \$100.00
- 9.2 The unit being vacated will be inspected once it is empty. If the Co-op determines that the unit has been left in a state of reasonable cleanliness and repair, the deposit will be returned to the member. If the unit has not been properly cleaned or if there is damage, the Co-op will use the deposit to clean and/or repair the unit. If the cost to clean and/or repair the unit is more than the deposit amount; the member will be charged for the additional costs.

Passed by the Board of Directors of Britannia Glen Co-operative Homes Inc. at a meeting properly held on February 10, 2010

Secretary

President

BRITANNIA GLEN CO-OPERATIVE HOMES INC.

REQUEST FOR INTERNAL TRANSFER

Date	Current Unit #
Current unit Size:	Size of unit Requested
How long have you lived in your current unit?	Have you lived in another unit in the co-op? If yes, which unit(s) and when?

Why do you want to move to another unit?

Please list **all** the people who live in your unit (**make sure you list yourself**)

Last Name	First Name	F or M	Relationship	Date of Birth

In making this Request for Internal Transfer, I/We confirm that I/We owe no monies to the Co-op.

I understand the Co-op will inspect my unit once this request is received and that a report of this inspection will be submitted to the Board along with this Request.

Print name	Signature
Print name	Signature
Print name	Signature

For office use:

Date Application Received		Arrears: Attach copy of housing ledgers Date arrears paid in full
Date of unit Inspections		General condition of unit Floors Walls Cleanliness Attach a copy of unit inspection report
Date of Board meeting to consider the Request for Internal Transfer		Board's Decision
Date applicant given written notice of Board's decision		Date of first offer: Unit # offered: <input type="checkbox"/> Unable to contact applicant <input type="checkbox"/> Offer accepted <input type="checkbox"/> No response to offer <input type="checkbox"/> Offer refused
Date of second or final offer	Unit # offered	Scheduled internal transfer date Unit # accepted
<input type="checkbox"/> Unable to contact applicant <input type="checkbox"/> Offer accepted <input type="checkbox"/> No response to offer <input type="checkbox"/> Offer refused		Date applicant given written notice of removal from Internal Transfer Waiting List, if applicable

MEDICAL REQUEST FORM FOR MODIFIED UNIT OR ADDITIONAL BEDROOM

Patient Information

Before completing this form please read the back to understand which circumstances an applicant is granted a modified unit or an additional bedroom and to see our privacy statement.

Patient's name _____

Patient's Address _____

Description of the patient's disability or medical condition _____

Is the Patient Requesting a Modified Unit?

- Is the patient in a wheelchair? _____ Yes _____ No
a) if YES, how often is the patient in a wheelchair? _____ Full-time _____ Part-time
- Does the patient require modifications to their accommodations to Manage the activities of daily living (please see next page for detail)? _____ Yes _____ No
a) if YES, identify the required modifications _____

Is the Patient Requesting an additional bedroom?

- Does your patient's disability or medical condition Require him or her to have a separate bedroom? _____ Yes _____ No
a) to store and/or operate medical equipment _____ Yes _____ No
Identify the medical equipment _____
- b) the room is required for an overnight caregiver (who is not part of the household) _____ Yes _____ No
- c) Other _____ Yes _____ No
Specify Reason _____
- Is your patient able to manage activities of daily living Without assistance (see next page for details) _____ Yes _____ No
a) If No, what supports does the patient need? _____
b) Are there supports in place? _____

Physician's Release

I hereby certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Physician's Name (printed)

Contact Telephone No.

Physician's Signature

Date

Space for Physician's Stamp

Consent and Release from Patient

I understand that Britannia Glen Co-operative requires the requested personal health information to determine my eligibility for a modified unit, or an additional bedroom. I authorize my physician to release the information requested on this form to Britannia Glen Co-operative, and I consent to Britannia Glen Co-operative using, verifying and retaining this information on my housing file.

Patient's Name (printed)

Contact #

Patient's Signature

Date

Important note to Physicians and Patients:

Your patient is requesting an accessible unit or requesting an additional bedroom in rent-geared-to-income housing.

Please Note the following conditions for modified units and additional bedrooms:

- The use of a scooter or walker does not qualify a patient for a modified unit or an additional bedroom.
- Availability of units and flexibility of housing preferences will determine placement.
- Activities of daily living are considered to be everyday functions and activities individuals normally perform. This included bathing, eating, dressing, ambulating and toileting.

The Region of Peel dictates occupancy standards for rent-geared-to-income housing:

These standards permit a household to qualify for an additional bedroom if;

- One of the spouses or same-sex partners who would normally share a bedroom requires a separate bedroom because of a disability or medical condition.
- One of the children that would normally share a bedroom requires a separate bedroom because of a disability or medical condition.
- A room is required to store equipment that a member of the household needs because of a disability or medical condition.
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Privacy Statement

The personal health information disclosed on this form will be used only for the purposes of determining a member's eligibility for medical priority for a modified unit or additional bedroom and is collected under the authority of the Social housing reform act, 2000 S.O. 2000, c.27. In applying for an internal transfer for a modified unit or an additional bedroom the member consents to the collection, use and disclosure, including verification, of the information provided to Britannia Glen Co-operative in their internal transfer request or supporting documents.