



COUNTY OF RENFREW

RENFREW COUNTY HOUSING
CORPORATION

INTERNAL TRANSFER POLICY

Updated September 2014

Note: Households who wish to move from one Housing Provider to another Housing Provider are new applicants, and must apply through the Social Housing Registry

INTERNAL TRANSFER POLICY

DEFINITION

Ontario Regulation 339/01

“internal transfer” means, in respect of a household residing in a housing project of a Housing Provider,

- (a) The Transfer of the household from one rent-geared-to-income(RGI) unit to another RGI unit in the same or another building complex of the same Housing Provider, or
- (b) The transfer of the household from one special needs housing unit to another special needs housing unit in the same or another building complex of the same Housing Provider.

POLICY

Internal Transfer

This Internal Transfer Policy applies to households who want to move from one unit to another within that Housing Provider’s portfolio.

Households who meet the transfer eligibility criteria will be placed on their Housing Provider’s internal waiting list by date and location preference.

ELIGIBILITY

Any household in good standing may only submit an Internal Transfer application after they have lived in a unit for at least one year.

A household is in good standing if:

- They have not been given an eviction notice
- They do not owe any arrears to the Housing Provider
- They have paid their rent on time for the last six months
- They have no history of damage to the unit, disturbing neighbours or harassing staff
- They continue to meet all other eligibility and lease criteria

APPLICATIONS

To transfer, a household must complete an application form and if responsible for payment of utilities, attach copies of their utility bills and give it to their Housing Provider.

The Housing Provider will:

- Confirm the household is eligible for a transfer, based on local occupancy standards for RGI households and other policies
- Add an eligible household to the waiting list, according to the policy below
- Inform the household of the decision

A household may appeal their Housing Provider's decision. (See Review of Decision below) If the decision to deny a transfer is upheld, the tenant may not re-apply for a transfer for six months.

URGENT TRANSFER REQUESTS

Households with an urgent need to move are given priority over other transfer applicants. Priority applicants will be offered units in order of their application date for a transfer.

These urgent needs include:

- A family needing to escape domestic violence as defined in the attached Form "A". This does not apply when one household splits to form two households. In that situation the departing household will use the Social Housing Registry if they wish to re-apply.
- A household member has a medical condition or permanent disability and their current unit is inaccessible, or substantially aggravates the condition. Form "B" must be completed and attached.

MAINTAINING ELIGIBILITY

While a household is on the Internal Transfer list the Housing Provider will periodically verify that:

- There are no arrears of rent, maintenance or utilities
- No late payments
- No complaints about disturbing neighbours or harassing staff
- No breach of lease was found during unit inspection(s)
- Continues to meet all eligibility criteria

OFFERING A UNIT

The Housing Provider will offer a vacant unit to households on the internal transfer list in the order they appear on the waiting list.

The Housing Provider may exercise discretion in the decision to offer a vacant unit to anyone on the internal transfer list other than over-housed and priority transfer requests if the resources are not available to prepare the vacating units in a given month without incurring vacancy loss.

Households will have 24 hours to decide whether to accept or refuse the unit. A timeframe for moving dates will be at the discretion of the Housing Provider. A household (other than an over-housed household) who refuses three units will be removed from the internal waiting list.

The Housing Provider will charge a transfer fee of \$250.00 to cover the cost of the transfer. The transfer fee is to be paid in full at time of acceptance of an offer.

REVIEW OF DECISIONS

Households may appeal the Housing Provider's decision to:

- refuse a transfer request
 - refusal of urgent transfer status
1. To appeal the decision, the household must write to the Housing Provider within 10 business days of receiving the written decision from their Housing Provider. This letter should explain why the household disagrees with the decision, and give any information that might affect the decision.
 2. Reviews will be handled following the Review Committee's normal procedure. (See Review Policy, Ontario Regulation 298 Part VIII section 58.) All decisions of the Review Committee are final.
 3. If the household's appeal to transfer or be granted urgent status is not upheld, the applicant may not reapply for a transfer for six months.

INTERNAL TRANSFER APPLICATION

Name of Applicant _____ Birth Date _____
(mm/dd/yyyy)

Present Address _____

Telephone: _____ Cell: _____

Other Household Members:

Name	Relationship	Birth Date (mm/dd/yyyy)
1.		
2.		
3.		
4.		

Length of time in present accommodation: _____

Reason for requesting to transfer:

- Urgent Special Priority Transfer** - a family needs to escape domestic violence.
(Please provide supporting documentation describing the abuse)
 - See the attached Form "A"
- Urgent Medical Transfer** - medical condition or disability makes your current unit inaccessible or the unit aggravates the condition.
 - The attached Form "B" must be completed by your Physician and attached to this Transfer Application
- Under-housed** **Expecting another child:** _____
mm/dd/yyyy
- Other reason:** _____

Note: A transfer fee of \$250.00 will be charged and is payable in full at the time an offer is accepted.

Signature

Date

If you are responsible for payment of utilities you must attach copies of your most recent utility bills

LOCATION PREFERENCES

Please Check

Pembroke	Housing For Adults MacKay Street Elizabeth Street River Road Nelson Street	1-Bedroom Apts	<input type="checkbox"/>
	Housing For Families Nelson Street Lea Street Bronx Street Reynolds Ave Cecil Street Fraser Lane Arnolds Lane	2, 3, 4 & 5-Bedroom Townhouses, Duplex, or Houses	<input type="checkbox"/>
Barry's Bay	Housing For Adults Stafford Street	1-Bedroom Apts	<input type="checkbox"/>
Beachburg	Housing For Adults Smith Street	1-Bedroom Apts	<input type="checkbox"/>
Cobden	Housing For Adults MacKercher Drive	1-Bedroom Apts	<input type="checkbox"/>
Deep River	Housing For Adults Poplar Street	1-Bedroom Apts	<input type="checkbox"/>
Eganville	Housing For Adults Wallace Street	1-Bedroom Apts	<input type="checkbox"/>
Palmer Rapids	Housing For Adults Palmer Road	1-Bedroom Apts	<input type="checkbox"/>
Renfrew	Housing For Adults Hall Street, Vimy Blvd & Lorne Street	1-Bedroom Apts	<input type="checkbox"/>
	Housing For Families Allan Ave, Archibald Street, McLean Street, Massey Cres, Francis Street, George Ave, Oak Cresc, Airth Blvd	2, 3, 4, & 5-Bedroom Townhouses, Duplex or Houses	<input type="checkbox"/>
Arnprior	Housing For Adults Albert Street, Russell Street Burwash Street, Spruce Street	1-Bedroom Apts	<input type="checkbox"/>
	Housing For Families Riverview, Fourth Ave, Bridge St, Laird Street, Third Ave, Sullivan Cresc, Allan Dr, Wilfred Street, Edward Street, Caruso Street, Spruce Street	2, 3, 4 & 5-Bedroom Townhouses, Duplex or Houses	<input type="checkbox"/>
Rent Supplement	1 & 2-Bedroom Apts Are Available in Some of The Communities Listed Above		<input type="checkbox"/>

Special Priority

I am applying for a transfer with Special Priority Status because I or someone in my household is currently a victim of abuse

Please provide a **safe** mailing address and telephone number where you can be contacted:

_____ Tel No. _____

Do you believe that you are at risk of being abused if you attempt to obtain information or documents to support your request for housing?: Yes No

IF YOU ARE APPLYING FOR SPECIAL PRIORITY STATUS YOU WILL BE REQUIRED TO PROVIDE SUPPORTING DOCUMENTATION THAT MUST INDICATE ONE OF THE FOLLOWING:

1. A record of intervention by the police indicating that the member was abused by the abusing individual.
2. A record of physical injury caused to the member by the abusing individual.
3. A record of the application of force by the abusing individual against the member to force the member to engage in sexual activity against his or her will.
4. A record of one or more attempts to kill the member or another member of the household.
5. A record of the use of a weapon against the member or another member of the household.
6. A record of one or more incidents of abuse, including the following:
 - i. Threatening to kill the member or another member of the household.
 - ii. Threatening to use a weapon against the member or another member of the household.
 - iii. Threatening to physically harm the member or another member of the household.
 - iv. Destroying or injuring or threatening to destroy or injure the member's property.
 - v. Intentionally killing or injuring pets or threatening to kill or injure pets.
 - vi. Threatening to harm or remove the member's children from the household.
 - vii. Threatening to prevent the member from having access to his or her children.
 - viii. Forcing the member to perform degrading or humiliating acts.
 - ix. Terrorizing the member.
 - x. Enforcing social isolation upon the member.
 - xi. Failing to provide or withholding the necessities of life.
 - xii. Threatening to withdraw from sponsoring the member as an immigrant.
 - xiii. Threatening to take action that might lead to the member being deported.
 - xiv. Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
7. A record of undue or unwarranted control by the abusing individual over the member's personal or financial activities.
8. A record of one or more incidents of stalking or harassing behaviour against the member or another member of the household.

THE SUPPORTING DOCUMENTATION CAN COME FROM ONE OF THE FOLLOWING INDIVIDUALS WHO HAVE KNOWLEDGE OF THE ABUSE YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD HAS BEEN SUBJECT TO:

1. A doctor.
 - 1.1. A registered nurse or a registered practical nurse.
2. A lawyer.
3. A law enforcement officer.
4. A member of the clergy.
5. A teacher.
6. A guidance counselor.
7. An individual in a managerial or administrative position with a housing provider.
8. A community services worker, including,
 - i. a community health care worker,
 - ii. a social worker,
 - iii. a social service worker,
 - iv. a victim services worker
 - v. a settlement services worker
 - vi. a shelter worker, and
 - vii. a community legal worker.

ALL SUPPORTING DOCUMENTATION MUST BE IN WRITING

PLEASE NOTE

"Information collected on this form will be kept confidential and used only for the purpose of assessing your eligibility for Special Priority Status"

Applicant Signature

Date

FORM "B" MEDICAL FORM

Applicant or Tenant Name: _____

Patient's Name, if different from above: _____

Address: _____

Release by Patient:

I hereby authorize my physician to release any required medical information to Renfrew County Housing Corporation.

Signature of Patient

Date

Important Note to Physician:

Your patient has applied for an additional bedroom/or for a transfer based on medical needs. The information that you provide will assist us in appropriately assessing the application. It is essential that you are as specific as possible in your evaluation so that Renfrew County Housing Corporation may make a correct decision as to whether our accommodation meets your patient's needs. Personal information contained on this form or in attachments is collected, pursuant to Sections 162, 163, 164 and 165 of the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 2000, c.M.56).

Physician's Certification:

I certify that the information included in this form represents my best professional judgement and is true and correct to the best of my knowledge.

Signature of Physician

Date

Physician's Name & Address

Physician's Telephone Number

Please complete overleaf....

FORM "B" (Page 2)

In your opinion, is your patient able to live independently?

YES

NO

Diagnosis:

Are the health problems aggravated by the present accommodation?:
If yes, explain:

If this form is being completed to request an additional bedroom for the household, please explain the reasons why. If for storage of medical equipment, please give approximate dimensions of said equipment: