### Prince Edward – Lennox & Addington (PELA) Social Housing

Policy name	Internal Transfer Policy		
Policy number	P09-2016		
Date	November 24, 2015		
Date reviewed or revised	January 11, 2016		
References	Housing Services Act, 2011 Residential Tenancies Act, 2006		

#### Purpose:

The policy provides a framework to assist PELA Social Housing Rent Geared to Income (RGI) tenants to move from one PELA Housing unit to another.

The policy meets legislative requirements set out by the Housing Services Act, 2011 (HSA) and the Service Manager local Occupancy Standards.

#### Scope:

This policy applies to all RGI current tenants of PELA Social Housing. This policy does not apply to Market rent tenants, or Rent Supplement Tenants.

#### **Definitions:**

**Internal Transfer**: the transfer of the household from one rent-geared-to-income (RGI) unit to another RGI unit in the same or another housing project of the provider.

**Special Priority Person (SPP):** A person who has been a victim of abuse in the home which is shared with the abuser.

**Over housed Household:** A household living in a unit that has more bedrooms than required for its household members as per the occupancy standards.

**Under housed Household:** A household living in a unit that does not have enough bedrooms for its household members as per the occupancy standards.

**Medical Transfer:** A medical transfer is one in which a medical condition has been documented by a licensed health care professional and warrants a transfer

**Tenant:** A person who has signed a tenancy agreement and who enjoys all the rights and responsibilities of a tenancy.

**Occupant:** A person who lives in a unit with the permission of PELA Social Housing and the original tenant, but does not have any right to remain in the unit after the original tenant no longer has possession of the unit.

#### **Policy**

Households seeking a transfer must submit an "Internal Transfer Request Form".

The following applies to all households except 1) below. (Tenants with Special Priority Status) All households, except 1) below, seeking a transfer must meet the following eligibility requirements in order to be placed and remain on the internal transfer list:

- have lived in your current accommodation for 12 consecutive months
- have no rental or maintenance arrears for 12 consecutive months
- have not been given an eviction notice within the last 12 consecutive months
- have had no more than one previous transfers

Households will be subject to a unit inspection at the time of requesting a transfer and a second inspection may be required at the time of transfer offer. In the event that damages are noted at the unit the household currently resides in, the household will be required to pay for repairs or the household could be removed from the internal transfer wait list. If damages are noted after moveout the household must agree to sign a repayment agreement which must be maintained or the subsidy may be lost and the household must pay market rent.

If the household fails to maintain the eligibility requirements while on the internal transfer list, the household may be removed from the list until they do meet the initial eligibility requirements.

PELA Social Housing will maintain a separate Internal Waiting List for tenants that meet the above conditions and are classified as follows:

#### 1) Tenants with Special Priority Status (due to domestic violence while a tenant)

Tenants with Special Priority Status will be housed in the next vacancy of the requested address immediately following the approval of Special Priority status with the required supporting documentation. In the event there are arrears tenants will need to arrange repayment via a repayment agreement prior to being placed on the Internal Transfer Wait List.

## 2) Tenants with Medical requirements for a transfer (such as a need for first floor for mobility issues)

Medical transfer requests for a specific property will be carried out for every fifth move for each building if the tenant is eligible to be placed on the Internal Transfer List. Medical transfer requests must be accompanied by documentation from a medical professional indicating the reason for the transfer request and any other supporting information to confirm the need.

#### 3) Tenants who are over housed.

Over housed households are identified as those that are receiving RGI assistance in a unit that is larger than they require under the local occupancy standards. Households determined to be over housed will be notified in writing to transfer to an appropriate sized unit. Households will immediately be placed on the internal transfer list and will also be added to the Centralized Wait List. Over housed households must be active on at least two housing properties on the Centralized Wait List. Over housed households will be made offers at the discretion of Social Housing office.

#### 4) Tenants who are under housed.

Under housed households are identified as those that are living in a unit that is smaller than they are eligible for under the local occupancy standards. Under housed transfers will be carried out for every fifth move for each building. Households determined to be under housed are notified in writing to transfer to an appropriate sized unit. Households will be placed on the internal transfer list, if eligible, and will also be added to the Centralized Wait List.

Any household in category 1) or 2) that refuses three offers will be removed from the internal transfer list upon the third refusal. Over housed households are also entitled to three refusals of offers of housing. If an over housed tenant refuses three offers of appropriate housing they will cease to be eligible for RGI assistance and would begin paying Market Rent for their unit. In order to qualify for RGI assistance after this they would need to re-apply to the Centralized Wait List.

All other internal transfer requests from tenants will result in the tenant being placed on the Centralized Wait List. Tenants requesting internal transfers for reasons other than special priority status, medical needs or being over housed or under housed are required to pay \$250.00 prior to the move in date.

Staff will maintain a chronological list for each property and compare the request date with the application date of applicants on the Centralized Wait List to determine who moves into the next vacant unit.

PELA Social Housing may exercise discretion in the decision to offer a vacant unit, with management approval.

Household members who are occupants (not a lessee, ie: children of the household) cannot apply for an internal transfer but may apply to the Centralized Wait List.

A household shall have 24 hours to decide whether to accept the unit.

If an internal transfer request is denied, the household has the right to request an appeal of the decision in writing within 30 days of the date the request is denied. The review of the original decision will be carried out by someone who was not involved in the original decision.

#### **Procedure:**

- 1. PELA Social Housing will ensure that tenants are provided with a copy of the policy.
- 2. Staff will respond to any questions or issues from tenants related to the policy.
- 3. PELA Social Housing has the right to seek action from the Landlord Tenant Board if a Tenant refuses to comply with the Policy



have no history of damages

have not received more than one previous transfers

# Internal Transfer Request Form

Nan	ne of applicant(s):			
Pres	Present address: Phone:			
Oth	er household members:			
	Name	Relationship to applicant	Date of birth	
1				
2				
3				
4				
Gro Rea	sons for wishing to transfer (provide details):  ☐ family member needing to escape domestic vic ☐ medical condition or disability makes your cur condition, or prevents or substantially increase	ground floor request may take longer)  blence occurring in the unit  rent unit inaccessible, or the unit as  the cost of treatment. Must provide	ggravates the de medical	
	documentation (Please include a Medical Conf	irmation for an Internal Transfer Fo	orm)	
	<ul><li>□ unit is too small (underhoused)</li><li>□ unit is too big (overhoused)</li></ul>			
	other: (please provide details below):			
No	ote: A \$250 transfer fee may	be charged to you		
	,	, be endiged to year		
	understand that PELA Social Housing and Prope ived as part of the approval process for an Interna	-	nce this request is	
,	<ul> <li>meet all eligibility requirements as stated in the T</li> <li>have lived in your current accommodation for 1</li> <li>have paid rent on time for at least six consecut</li> <li>have no rental or maintenance arrears for six c</li> <li>have not been given an eviction notice within the</li> </ul>	2 consecutive months ive months consecutive months		

#### PLEASE CHECK YOUR PREFERRED HOUSING SELECTION

Family (2, 3 or 4 Bedrooms)		
$\square$	Location and Size	
	1-28 Disraeli St. & Barker St. (2, 3, 4 bdrm semi-detached)	
	101-139 Meadow Lane (2, 3, 4 bdrm rowhouses)	
	215 Church St Camden Court (2, 3, 4 bdrm rowhouses)	
	First Ave., Simcoe St Parklawn (2 & 3 bdrm homes)	
Adult	t (1 Bedroom unless specified)and/or <b>Senior</b> (clearly specified)	
	693 Addington St Sheffield Meadowview (1 bdrm apts) (2 bdrm apt)	
	16 Lake St Twin Pines. (1 bdrm apts)	
	113 West Mary St Maple Villa. (1 & 2 bdrm apts. with elevator)	
	34 Water St. – Queen Elizabeth (1 bdrm apts) (2 bdrm apt)	
	37 Richard St. – The Maples (1 bdrm apts)	
	369 Dundas St. W. – Dundas Heights (1 & 2 bdrm apts. with lift)	
	318 Camden Rd. – Jubilee (1 & 2 bdrm apts. with lift) SENIOR BUILDING – MUST BE 65+	
	Hwy. #41 – Pinegrove Apartments (1 & 2 bdrm apts. with lift)	

I declare that all information given in this Internal Transfer Request is correct and complete. I agree to provide any supporting material as may be required.

Signature:		
Signature:	_	
Date:		

### **OFFICE USE ONLY**

Type of Transfer			
	☐ Special Priority	Transfer   Approved	□ Denied
	☐ Overhoused	Date (D/M/Y):	
	<ul><li>☐ Health &amp; Safety</li><li>☐ Underhoused</li></ul>	Date (D/W/1)	
	☐ Discretionary	Ву:	
□ Ch	for Discretionary Transfer neque oney Order ash	Comments:	



## Medical Confirmation for an Internal Transfer

RELEASE BY PATIENT / PARENT / GUARDIAN: I			authorize my	
Doctor to complete the form below.  I understand that this information will be kept on my file with  This information			ddington Social Housing.	
Name: (Please print)	Teleph	one (home):	Telephone (work/cell):	
Address:				
I presently live in a bedroom apartment/townhouse (c	circle on	e).		
TO BE COMPLETED BY DOCTOR AT REQUEST OF PATIEN	NT:			
Your patient has applied for a transfer to another housing unithousing within, priority must be assigned to tenants applying medical problems which are made worse by a current housing to determine if our tenant is housed correctly at present or if he Many factors can intensify pressures and problems in a patient describe below if your patient's current accommodation is admitt would significantly improve his/her medical condition on the urgency and/or seriousness of the situation.	g for trar g situati higher p nt's curre versely a	nsfers. Priority is deter on. The information yriority should be assignent housing situation. affecting his / her heal	rmined in part by urgent you provide to us will help us gned to this household.  With this in mind, please th and if a transfer to another	
Dr. Signature:		Date:		
Dr. Name: (Please print):		Phone Number:		

Collection of this information complies with Ontario's Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, cM5) and the Personal Information Protection and Electronic Documents Acts (R.S.O. 1990 cF31), and is used for the sole purpose of administering your tenancy. Complaints or questions about the use of your personal information may be directed in writing to our office: 95 Advance Ave. Napanee Ontario K7R 3Y5, Attention: Manager, Social Housing.