



**Aldersgate Homes Inc.
Administrative Policies and Procedures
Section 1 – Residents**

SUBJECT: Internal Transfer Policy & Procedures		
APPROVED BY: Aldersgate Homes Inc. Board of Directors		
POLICY #: 1.13		
ORIGINAL ISSUED	DATE REVIEWED OR REVISED	CURRENT VERSION
March 31, 2003	October 30, 2012	

The Administrator and Tenant Selection Committee of the Board of Directors, if needed, will address internal Transfer issues.

Mandate:

To allow current residents of Aldersgate Homes Inc. the opportunity to move from one unit to another, giving priority to tenants who are over-housed or urgently in need of a different unit.

Eligibility:

Any household in good standing may ask for a transfer after living in the current unit for at least one year.

A household is in good standing if:

- It has not been given an eviction notice
- It does not owe arrears or any other money to Aldersgate Homes Inc.
- It has paid its rent on time for the last six months
- It has no history of damage to the unit, disturbing neighbours or harassing staff.
- Is free of household pests, including bedbugs, cockroaches, fleas, etc., for the last six months.

Consideration may be given to waiving the eligibility criteria for “priority moves” (see below).

Applications:

To transfer, tenants must complete an Internal Transfer Request form and have it approved by the Administrator. This form should explain the reasons why the tenant(s) wishes to transfer and include any necessary documentation (e.g. Doctor’s letter), note the type and size of unit needed, signed and dated by all household members. The

Administrator will confirm if the household is eligible and add them to the appropriate waiting list according to their priority and date of application for transfer.

Priority moves:

Tenants who are over-housed in a rent-geared-to-income unit are given first priority. Tenants become over-housed when living in a two-bedroom unit when only a one-bedroom unit is required (according to the standards set out in the Housing Services Act, 2011, Ontario Regulation 367/11 s. 42.)

After over-housed tenants, households with an urgent need to move are given priority.

Urgent needs include:

- Tenants needing to escape abuse, including being threatened or harassed by neighbours.
- Financial hardship due to the loss of a partner, or significant drop in income, that makes the market rent unaffordable
- Medical condition or permanent disability, which is aggravated in some way by their current unit. (Documentation needed.)

Note: A separate waiting list is kept for wheelchair accessible units. Tenants who need a wheelchair accessible unit should ask to be placed on the “Special Needs waiting list.”

All other eligible applicants will be placed on the internal waiting list below over-housed and priority applicants, in the order they apply for a transfer.

Applicants on this list will alternate with applicants on the external list. Consideration will be given to increasing the priority of requests for transfer on compassionate grounds, where the household wishes to move because of a death of a household member.

Offering a Unit:

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

Tenants will have 24 hours to decide whether to accept the unit. Units will be offered, “as is” with no painting, patching or decorative changes made to the unit.

When a unit is offered, an inspection of the tenant’s current unit will be conducted by our pest control company. Provided the unit is deemed pest free, the offer will be considered valid. If pests are found in the unit (i.e. Bedbugs, fleas, cockroaches, etc.), the offer will be withdrawn. The tenant(s) can remain on the waiting list for the next available unit and must meet the same criteria to be deemed in good standing for the next offer to be considered valid.

Tenants approved for transfer will be prepared to move into the alternate unit quickly and will not be given more than 48 hours to complete the transfer and leave the vacated unit

in a clean and orderly manner as outlined in the signed Internal Transfer Agreement.

A fee of \$250.00 will be charged to the tenant requesting a transfer, at the time of transfer to the new unit. Consideration may be given to waiving this fee for “priority moves.”

Tenants must be prepared to complete the transfer to the new apartment quickly and will not be given more than 24-48 hours to complete the move, including cleaning of their vacated unit.

Review of decisions:

Tenants may appeal the Administrator’s decision to:

- Refuse a transfer request
 - Refuse to give priority status.
1. To appeal the decision, the tenant must write to the Administrator within 10 business days of receiving the written decision. This letter should explain why the tenant disagrees with the decision, and give any information that might affect the decision. In this letter, the tenant may also ask to meet with the Review Committee (Tenant Selection Committee).
 2. Reviews will be handled following the Review Committee’s normal procedure. (See Internal Review Policy and Procedures) All decisions of the Review committee are final.

Aldersgate Homes Inc. Internal Transfer Request

Date of Request: _____

Transfer Request Initiated by: Tenant Administrator

Type of Transfer: Special Priority Over Housed Urgent Medical: Other

Tenant Name(s): _____

Apartment Number: _____ Telephone Number: _____

Transfer From: _____ Transfer To: _____

Reason For Request: _____

ELIGIBILITY CRITERIA

(Yes / No)

- Has the tenant lived in the unit for 12 months? _____
- Has the tenant been given an eviction notice within the last six months?

- Does the tenant owe arrears or any other money to the Housing Programs Branch? _____
- Does the tenant owe arrears from **past tenancy**? _____
- Has the tenant paid the rent on time for the last six months? _____
- Has there been any malicious damage to the unit in the past 12 months? _____
- Are there any record(s) of complaint(s) of interference with other tenants or housing staff? _____
- Does the household have an active tenant insurance policy in effect? _____
- Free of household pests. Inspection of unit completed on: _____

Other Comments:

Transfer Fee Required: Yes No (Urgent Medical)

Recommendations

**Approve
Transfer
using date
of request**

**Do Not
Approve
Transfer**

Comments: _____

Signature of Tenant

Signature of Tenant

Signature of Administrator

Date

INTERNAL TRANSFER AGREEMENT

BETWEEN: **Aldersgate Homes Inc.**

-and-

_____.

I/We agree to transfer to _____ (new unit #), by my/our own request

I/We are aware of our responsibility to clean my/our present unit:

- Kitchen area (stove, fridge, cupboards – inside and out)
- Bathroom (toilet, sink, tiles, bathtub)
- Wash walls where necessary
- Remove carpet, wallpaper, additional attached shelving, and return paint to original colour
- Wipe shelves
- Sweep and wash the floors

I/We agree to have our unit cleaned one day before the transfer, if we are unable to do the work ourselves. A unit inspection will be done before the transfer to ensure that our unit has been cleaned sufficiently.

I/We agree to follow the Non-Smoking policy for Aldersgate Homes Inc. as follows: Effective June 1, 2011, all new leases (new tenants and transfers) signed with Aldersgate Homes Inc. will provide that smoking is prohibited inside the building, including private units, patios and balconies, and on the residential property. Tenant agrees and acknowledges that the premises to be occupied by tenant and members of tenant's household have been designated as non-smoking.

Tenant, members of tenant's household, visitors, guests and business invitees shall not smoke anywhere in the unit rented by the tenant, or the building where the tenant's dwelling is located or in any of the common areas or adjoining grounds of such building or other parts of the rental community, except for the designated smoking area, known as the Courtyard Gazebo, located in the southwest courtyard. This smoking area will be clearly signed and ash trays provided.

I/We agree to pay the \$250.00 Internal Transfer Fee, due upon signing of this agreement.

I/We have read and understand the Internal Transfer Policy

Unit moving out of: _____ Unit moving into: _____

Date of Transfer _____

Signature of Tenant

Signature of Tenant

Signature of Landlord

Were there any damages to the Unit? Yes _____ No _____
If yes, complete and attach "*Agreement to Pay for Repairs*"