WINDSOR ESSEX COMMUNITY HOUSING

945 McDougall St., PO. Box 1330
Windsor, Ontario N9A 6R3
T: 519 254-1681 | F: 519 254-3130

Internal Transfer Form – Part A
Safety, Medical & Underhoused

RESIDENT INFORMATION *(Please Print Clearly)*

Name: _____ Tenant #: _____ Address: _____

City/Town: _____ Postal Code: _____

Phone #: _____ Email: _____ Move-in Date *(Current Unit)*: _____

Reason for transfer request: ☐ **Underhoused** ☐ **Medical** ☐ **Safety** ☐ **Safety Re-evaluation***
**Select if previously approved safety transfer request has not resulted in a transfer within 12 months of approval*

The appropriate Internal Transfer Request Form – Part B is also required to be completed for Safety or Medical transfer requests.

RGI Transfer Eligibility Criteria for Safety, Medical and Underhoused Transfer Requests:
Requests not meeting these criteria may not be considered. Please read carefully before submitting a request.

	Criteria Met? / Tenant Acknowledgement	Transfer Request Requirements
ALL TRANSFER REQUESTS	☐ Yes ☐ No	Has tenants lived in the present accommodation for twelve (12) consecutive months?
	☐ Yes ☐ No	Households must either: - not owe money to CHC for arrears of rent, overpaid subsidy, or damages to the unit; or - if the household does own money to CHC for any reason listed above, it must have entered into a repayment agreement with CHC for the money owned, and not have defaulted on this agreement
	☐ Yes ☐ No	No history of persistent late payment (defined as more than one month owing, more than once in the last 12 months)
	☐ Yes ☐ No	All existing maintenance or other charges owing from any tenancy with CHC must be paid in full
	☐ Yes ☐ No	The tenancy cannot be the subject of an eviction order, legal proceedings or under conditional order(s).
	☐ Yes ☐ No	Request is for transfer to another (1) unit. Requests are not considered transfers into two or more units.
		Households may be subject to a unit inspection at the time of transfer offer and move out. If damages are noted at the unit the household currently resides in, the household will be required to pay for repairs. Failure to pay for damages may result in loss of subsidy.
	☐ Yes ☐ No	A previous transfer for the same reason has not already been submitted
		Tenants must move within 7 days of an accepted transfer offer
		A minimum of five (5) appropriate building selections must be made at time of request and always maintained for the duration of the transfer request. Failure to maintain five (5) appropriate building selections may result in the cancellation of the approval for transfer Justification if <5: _____
		Transfer requests will be cancelled upon the refusal or failure to respond within the specified time period to any one (1) offer of a transfer unit
SAFETY	☐ Yes ☐ No	The current unit is causing or contributing to a direct, immediate, and acute risk to an authorized household member's safety that can only be alleviated by moving them to a different unit. This is limited to situations where an authorized household member is a victim or suffering intimidation, or an authorized household member is the victim or witness of a traumatic incident. - Intimidation must have occurred no more than **3 months** prior to the request for transfer - Traumatic incident must have occurred no more than **6 months** prior to the request for transfer Rationale will be required if a safety transfer is requested beyond these timeframes. E.g. If an incarcerated individual is being released after the periods above have expired.
		If an approved safety transfer has not occurred within 12 months of the TEC approval, the safety situation may be considered to have passed, and the transfer request will be revaluated. A notification will be sent via email/mail to notify the applicant at the appropriate time to reapply.
MEDICAL		While some requests may result in a transfer to another CHC unit, CHC MAY try to reasonably accommodate the need in the current unit before considering a transfer. Note: the use of a scooter or walker does not necessarily qualify a patient for unit modification/transfer. Modified units provide varying degrees of modifications and accessibility depending on individual needs.
	☐ Yes ☐ No	Medical transfers will not be considered for conditions that were present at time of move in. If preexisting condition, Part B Medical form identifies how the condition has been exacerbated.
UNDER-HOUSED	☐ Yes ☐ No	To be considered for an underhoused transfer, a household must be underhoused by two (2) or more bedrooms based on the Occupancy Standards outlined in the Local Rules.
	☐ Yes ☐ No	Current underhoused situation was not present at time of move-in.

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Internal Transfer Form – Part A
Safety, Medical & Underhoused

Brief reason for request for transfer (further details will be required in the respective Part B form)
Identify how a transfer will resolve the issue
CRW Recommendation: ☐ Does not meet transfer policy criteria ☐ Meets transfer policy criteria

HOUSEHOLD COMPOSITION

Last Name. Given Name	Age / D.O. B (M/D/Y)	GENDER	Relationship to Resident

Number of Adults:	Number of Children:	Current Household Income: ***($ amount(s) and source(s)***

UNIT INFORMATION

Current Unit Size (# of bedrooms):	Requested Unit Size (# of bedrooms):

AUTHORIZATION *Please Note: Household must meet mandate and occupancy standards as determined by CHC.*

Signature (Resident 1): _____ Date: _____

Signature (Resident 2): _____ Date: _____

Consent to Release Information:

I _____ consent that Community Relations Worker, _____

can contact _____ to discuss the reason/need for this transfer.

Please print name: _____

I accept all responsibilities to make this selection for the entire household.

HOUSING TYPE

APT. – Apartment Building **S.D.** – Semi- Detached Home
T.H. – Attached Townhome **S.F.** – Single Family Home
Use checkmark to select site and location preference

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☑	SITE	Social Housing Type	ADDRESS	Bachelor	1 BR	2 BR	3 BR	4 BR	5 BR	Modified/ Accessible	Housing Type	Total # of Units	Utilities Included W = water E = electricity G = gas			🚭
													W	E	G	
	EAST Ford / Ferndale	Family	Reginald & Lassaline			✓	✓				T.H.	198	Yes	No	Yes	NOTE: ALL ARE NON SMOKING UNITS
	Ford / Ferndale Walk Up Apartment	Adult	5484 & 5488 Reginald		✓						WALK UP	22	Yes			
	Fountainebleau Row	Family	Clarence & Grandview			✓	✓	✓			T.H.	175	Yes	No	Yes	
	Fountainebleau Singles	Family	Armstrong, Haig, Joinville, Rivard				✓	✓	✓		S.F.	40	Yes	No	Yes	
	Fountainebleau Towers	Senior	2455 Rivard		✓						APT.	386	Yes			
	Jefferson / Queen Elizabeth	Family	Jefferson, Queen Elizabeth				✓				S.D. / S.F	61	No			
	Lauzon Road	Family	2575 - 2633 Lauzon			✓	✓	✓			T.H.	108	Yes	No	Yes	
	Little River Acres	Family	(formerly Villages of Riverside)				✓				S.F.	14	Yes			
	Meadowbrook Lane	Family	3100 Block Meadowbrook			✓	✓			3 2 BR	S.F / T.H.	76	No			
	Riverside	Senior	Clairview & Watson	✓	✓						T.H.	20	Yes			
	Riverside	Family	Watson				✓	✓			T.H.	16	Yes			
	Rosewood Court	Family	1200 Block Central				✓	✓			T.H.	49	Yes	No	Yes	
	CENTRAL Jos Janisse	Family	800 Block Jos Janisse					✓			T.H.	34	No			
	Chateau Masson	Adult	415 University East	✓							APT.	79	Yes			
	Dr. Roy Perry Apartments	Adult/ Family	395 University East		✓	✓				6 1 BR	APT.	132	Yes			
	Glengarry Court	Adult/ Family	300 Block University East, McDougall, Wyandotte		✓	✓	✓	✓	✓		APT. / T.H.	57	Yes	No	Yes	
	Devonshire Heights	Family	Woodward, Chaviva, Hallmark				✓				S.D.	68	No			
	MacDonell Manor	Family	438 Niagara			✓	✓			4 2 BR	APT.	56	Yes			
	McPhail Manor	Family	860 Mercer			✓	✓			2 2 BR	APT.	50	Yes			
	Mrs. Cameron H. Montrose Apartments	Adult / Family	445 Glengarry		✓	✓					APT.	132	Yes			
	Ouellette Manor	Senior	920 Ouellette		✓						APT.	400	Yes			
	Raymond Desmarais Manor	Senior	255 Riverside East		✓						APT.	300	Yes			
	Remington Park	Family	South Pacific, Slater, Hartford, Hawksbury, Marie, Reading, Southdale, Glenbrook			✓	✓	✓		6 2 BR	T.H./S.F./S D.	228	No			
	Wheelton Manor	Adult	333 Glengarry Avenue	✓	✓						APT.	136	Yes			

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	WEST **Arthur Reaume Manor**	Senior	605 Mill		✓					2 1 BR	APT.	129	Yes		
	Bloomfield / St. Joseph	Family	Bloomfield, St. Joseph, Baby Area				✓	✓	✓		T.H.	158	Yes		
	Bridgeview	Family	Askin, College, Grove, Rankin, Randolph, Tilston, Vercheres			✓	✓				S.F.	100	Yes		Yes
	Curry / McKay	Family	1438 - 1799 Curry 1700 Block McKay			✓	✓	✓			T.H./S.D	200	Yes	No	Yes
	Essex Court	Family	Brock, Wells, Millen, South Area				✓	✓			T.H.	207	Yes		
	Scattered West	Family	Grove, Lena, Wigle, Baby, Chippawa			✓	✓	✓	✓		T.H./S.F./S D.	56	No	No	Yes
	AMHERSTBURG **Victoria**	Adult	340 & 346 Victoria South		✓						APT.	67	Yes		
	Warren Park	Family	Fort & Main			✓	✓				S.F.	24	No		
	BELLE RIVER **St. Charles**	Adult	642 St. Charles		✓						APT.	20	Yes		
	ESSEX **Maplewood Apartments**	Family	109 - 111 Brien East		✓						APT.	137	Yes		
	HARROW **Ell-Roy Manor**	Adult	14 King East		✓						APT.	24	Yes		
	KINGSVILLE **Palmer Court**	Adult	194 Division North		✓						APT.	30	Yes		
	Prince Alber	Adult	32 Prince Albert South		✓						APT.	22	Yes		
	LASALLE **Delmar**	Adult	1905 Delmar		✓						APT.	15	Yes		
	LEAMINGTON **Lutsch**	Adult	29 Lutsch		✓						APT.	34	Yes		
	Nancy Court	Family	Nancy, Pearl			✓	✓				T.H.	16	Yes	No	Yes
	Nancy	Adult	17 Nancy	✓	✓						APT.	11	Yes		
	The Cedars Apartments	Adult	165 Talbot East		✓						APT.	41	Yes		
	TECUMSEH **Arbour Court**	Adult	11934 Arbour		✓						APT.	38	Yes		