

# MONDRAGON CO-OPERATIVE HOMES INC.

## Board Policy No. 16

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### INTERNAL TRANSFER POLICY

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Passed by the Board  
of Directors:

**July 18, 2006**

Confirmed by the  
Members:

September 26, 2006

# INTERNAL TRANSFER POLICY

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## 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”.

## 2. How to Request an Internal Transfer

- 2.1 Eligible member households who wish to apply for an internal transfer must complete the *Request for Internal Transfer* form (***attached***) and submit same to the Co-op office.
- 2.2 Following receipt of the *Request for Internal Transfer* an inspection of the applicant’s unit will be made by the Co-op.
- 2.3 The Board will review the *Request for Internal Transfer* and the unit inspection report and decide whether or not to approve the *Request*.
- 2.4 Notice of the Board’s decision will be sent to the applicant in writing.

## 3. Eligibility for Internal Transfer

Members are eligible to apply for an internal transfer only if:

- They have lived in their current unit for at least two years.
- They do not owe money to the Co-op.
- There has been a change in their household size or household circumstances which *requires* a move to a bigger or smaller unit, and
- They have properly completed and submitted the *Request for Internal Transfer* form.

## 4. Evaluation of *Requests for Internal Transfer*

When evaluating a *Request for Internal Transfer*, the Board will also consider the following:

- The unit inspection report

- The history of housing charge payments
- The length of time lived in the current unit
- Any information concerning previous internal moves, if applicable.

## **5. Internal Transfer Waiting List**

- 5.1 If the Board approves the *Request for Internal Transfer*, the applicant will be placed on the Internal Transfer Waiting List in date order (the date the Board approves the *Request*).
- 5.2 The Board's decision to approve a *Request for Internal Transfer* will be communicated to the applicant in writing.

## **6. Offering and Accepting Units**

- 6.1 The Co-op Manager is authorized to make offers to approved applicants on the Internal Transfer Waiting List. Units will be allocated according to the following priorities:
- First, to members on the Internal Waiting List who are receiving rent-geared-to-income assistance and are overhoused,
  - Second, to members on the Internal Waiting List who are not receiving rent-geared-to-income assistance and are overhoused
  - Third, to other members on the Internal Waiting List
- 6.2 When a unit becomes available for internal transfer, the Co-op will contact the member with priority on the Internal Transfer Waiting List. If the Co-op is unable to contact the member with priority on the Internal Transfer Waiting List within forty eight (48) hours, the unit will be offered to the next eligible member. The original household will retain its priority on the Internal Transfer Waiting List.
- 6.3 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.
- 6.4 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.

- 6.5 When a member accepts a unit, they must come into the office within forty eight (48) hours to sign a new Occupancy Agreement. This period may be extended by the Manager.

**7. Refusing a Unit**

- 7.1 If an approved applicant refuses one (1) offer of internal transfer they will be removed from the Internal Transfer Waiting List. After one year they may submit another *Request for Internal Transfer*.

**8. Internal Transfer Deposit**

- 8.1 When an approved applicant accepts a unit for internal transfer, they must pay an Internal Transfer deposit of \$250.
- 8.2 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 Mondragon Co-operative Homes Inc. at a meeting properly held on July 18, 2006.*

c/s

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Secretary

# Mondragon Co-operative Homes Inc. Request for Internal Transfer

|   |   |           |              |               |
|---|---|-----------|--------------|---------------|
| Date  | Current Unit #  |           |              |               |
| Current unit size / type  | Size / type of unit requested   |           |              |               |
| How long have you lived in your current unit?   | Have you lived in other units in the Co-op?<br><br>If yes, which unit(s) and when |           |              |               |
| Why do you want to move to another unit?  |   |           |              |               |
| Please list <b>all</b> the people who live in your unit ( <b>make sure you list yourself</b> )  |   |           |              |               |
| Last Name   | First Name  | M or F    | 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 charge ledgers   |                          |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
|  |                          | date arrears paid in full   |                          |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
| Date of Unit Inspection  |                          | general condition of unit   |                          |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
|  |                          | <table border="0"> <tr> <td></td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Poor</td> </tr> <tr> <td>floors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>walls</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>cleanliness</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> |                          | Good | Fair | Poor | floors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | walls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Good                     | Fair  | Poor                     |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
| floors   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
| walls  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
| cleanliness  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |
| 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<br><input type="checkbox"/> offer accepted<br><input type="checkbox"/> no response to offer<br><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<br><input type="checkbox"/> offer accepted<br><input type="checkbox"/> no response to offer<br><input type="checkbox"/> offer refused |                          | Date applicant given written notice of removal from Internal Transfer Waiting List, if applicable   |                          |      |      |      |        |                          |                          |                          |       |                          |                          |                          |             |                          |                          |                          |

# Mondragon Co-operative Homes Inc.

## Internal Transfer Cleaning Inspection

“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.”

Unit # \_\_\_\_\_

Date of Internal Transfer Cleaning Inspection \_\_\_\_\_

Inspected by \_\_\_\_\_

The unit must be thoroughly cleaned. Describe any areas that require further attention:

- Fridge and stove \_\_\_\_\_
- Cabinets \_\_\_\_\_
- Powder room \_\_\_\_\_
- Bathroom \_\_\_\_\_
- Carpets \_\_\_\_\_
- Floors \_\_\_\_\_
- Walls / wallpaper \_\_\_\_\_
- Basement \_\_\_\_\_
- Garage \_\_\_\_\_

Light fixtures and bulbs in place and working \_\_\_\_\_

All garbage removed from the unit \_\_\_\_\_