


Leamington Mennonite Home

POLICY AND PROCEDURE

CATEGORY: Complex	SUBJECT: Social Housing: Accommodation Management Guidelines	SECTION: S 1
DATE: September 2011	Administrator's Signature: 	

SOCIAL HOUSING: ACCOMMODATION MANAGEMENT GUIDELINE(S)

PURPOSE:

The Leamington Mennonite Home strives to provide quality accommodations to seniors with financial limitations and needs.

The Pickwick and Homeview Apartments are Social Housing Projects operated in partnership with Canada Mortgage and Housing Corporation together with The City of Windsor. These apartments are an important part of the community of care and the charitable mission and mandate of the Leamington Mennonite Home & Apartments.

POLICY:

The Leamington Mennonite Home locally manages the Pickwick and Homeview Apartments in accordance and compliance with the Ontario Housing Services Act of 2011 and the guidelines set by the Municipal Manager: The City of Windsor.

Consistent with these regulations and guidelines, the Leamington Mennonite Home facilitates and operates the following:

- Wait Lists and priorities
- Capital reserves
- Annual Budget calculations and formulations
- Financial Record Keeping
- Annual Review and Adjustments of Rent
- Determination and calculation of total number of subsidized units and distribution of subsidy in accordance with regulations and guidelines set by the CMHC and The City of Windsor together with the Leamington Mennonite Home.

PROCEDURE:

The Leamington Mennonite Home operates the Pickwick Apartments as a Rent Geared to Income Housing Project and Homeview Apartments as a Low Rental Housing Project.

Annually, the Leamington Mennonite Home develops the following with approval from The City of Windsor:

- Operating Budgets
- Capital Budgets

- Rents
- Subsidies

The Leamington Mennonite Home manages individual wait lists for Pickwick and Homeview Apartments and prioritizes seniors for each building.

Seniors requiring subsidy must submit to the Chief Financial Officer annually their Notice(s) of assessment. An Income Test determines eligibility for each prospective resident in the Pickwick Apartments. Admission eligibility for Homeview is determined by annual Household Income set by the province of Ontario as administered by The City of Windsor.

Subsidies, based on income, are calculated and revised annually in May by the Leamington Mennonite Home

The Leamington Mennonite Home & Apartments sets and manages all Resident Guidelines regarding service provision and eligibility, and all rules and regulations for the Pickwick and Homeview Apartments.

The Leamington Mennonite Home & Apartments shall facilitate transitions when the accommodation is no longer suitable for the individual needs of a resident.

LEASE AGREEMENT

Between

**The Leamington Mennonite Home
And Apartments
22 Garrison Ave.
Leamington, Ontario
NSH 2P2**

- AND -

Dated _____ **Day of** _____ **20** _____

(1) This Lease made the _____ day of _____, 19____, under The Short Form of Leases Act

BETWEEN

(2) The Leamington United Mennonite Home and Apartments,
Landlord,

- AND -

(3) _____
Tenant

WITNESSETH, that the Landlord hereby leases to the Tenant

the following apartment or premises, namely:

(4) APARTMENT # _____ in _____ Apartments
Address: _____

(5) For use as Private Dwelling and for no other purpose

(6) TO HOLD the said property for a term of one (1) year commencing on the _____ day of _____, 19_____.

(7) The tenant is required to pay a security deposit of the last month's rent.

During the term, the Tenant shall pay to the Landlord at the Home Office designate, the total monthly rent (hereinafter called the "Rent") set out in this Section in advance on the first day of each and every month.

Rent \$
Other (Specify) \$
_____ \$
_____ \$
_____ \$

Total Monthly Rent \$ _____

The Leamington United Mennonite Home and Apartments
 22 Garrison Ave.
 Leamington, Ontario
 N8H 2P2

Housing Application Form

Please Specify:

- Homeview Apts. Pickwick Apts. Townhouses Gardens Apts.

Personal Information

Application Date: _____

Applicant (Last Name)	(First Name)	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Health Card No.
Street Address	City/Town	Postal Code	Phone Number () _____		
Co-Applicant (Last Name)	(First Name)	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Health Card No.
Contact Person (Last Name)	(First Name)	Relationship	Power of Attorney <input type="checkbox"/> yes <input type="checkbox"/> no		
1) Address		Phone Number () _____			
2) Address		Phone Number () _____	<input type="checkbox"/> yes <input type="checkbox"/> no		
3) Address		Phone Number () _____	<input type="checkbox"/> yes <input type="checkbox"/> no		

General Information:

1. If an apartment was available, how soon would you be willing to move?	<input type="checkbox"/> less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 2 years <input type="checkbox"/> more than 2 years
2. What kind of apartment would you prefer?	a) <input type="checkbox"/> Rental <input type="checkbox"/> Life Lease b) <input type="checkbox"/> Ground floor <input type="checkbox"/> 2 nd floor <input type="checkbox"/> 3 rd floor c) <input type="checkbox"/> East side <input type="checkbox"/> West side
3. Do you or the co-applicant require an apartment that will accommodate a wheelchair or other mobility aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please check one or more of the boxes at the right that best describes the reason(s) why you are submitting an application for housing?	<input type="checkbox"/> Support Services <input type="checkbox"/> Safety & Security <input type="checkbox"/> Social Activities <input type="checkbox"/> Other _____

The Leamington United Mennonite Home and Apartments
 Housing Application
 Revised August 20, 1998

LEAMINGTON MENNONITE HOME
Independent Living
ASSESSMENT

**To be completed upon registration.*

Residents in the Heritage Village must be able to manage their own Activities of Daily Living in order to apply for occupancy. The following essential Activities of Daily Living must be managed independently:

- Mobility
- Personal Care (*daily grooming, bathing*)
- Ability to Understand and Make Decisions
- Laundry
- Grocery Shopping
- Meal Preparation (*apart from noon meal*)
- Payment of Bills
- Unit Cleanliness
- Appointment Attendance
- Medication Management

I confirm that I am able to manage the above noted Activities of Daily Living independently.

Date

Resident Signature

Date

Family Representative/POA

Date

For the Home