

Rule # 12-2015

**Occupancy Standards**

Page 1 of 4

Originally Approved: December 2015

Revision Date:

**Authority**

Under the authority of the *Housing Services Act, 2011 (HSA)* and its Regulations, each Service Manager is required to develop Local Rules. The Service Manager procedures and requirements in the Local Rule are to be implemented by all Housing Providers in Cornwall and Stormont, Dundas and Glengarry (SDG) operating under the *Housing Services Act, 2011*.

**Intent**

The purpose of this Local Rule is to determine the Occupancy Standards in order to determine the size and type of unit permissible for a household receiving rent-geared-to-income (RGI) in the City of Cornwall & United Counties of Stormont, Dundas & Glengarry.

**Local Rule**

The City of Cornwall and United Counties of Stormont, Dundas and Glengarry's Occupancy Standards are as follows:

1. The Social Housing Registry (Registry) will determine the Occupancy Standards for the household at the time of application.
2. The smallest unit a household can receive is 1 bedroom for 2 members of the household who are spouses or same-sex couples.
3. A single parent and one child are given separate bedrooms.
4. Children of opposite sex are given separate bedrooms.
5. In the case where two children of the same sex have more than a 5-year age difference, they will be given separate bedrooms.
6. Three children of the same sex can share a bedroom if the age difference between them is not more than 5 years.

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|------------------------------------|----------------------------|-------------|
| Rule # 12-2015                     | <b>Occupancy Standards</b> | Page 2 of 4 |
| Originally Approved: December 2015 | Revision Date:             |             |

1. Applicants for RGI assistance select the size of unit in which their household will live, as per the building selections on the Registry Application Form: this must fall within the allowable range for Occupancy Standards.
2. The Registry will ensure that applicants are made eligible for units within the range as per their household composition and the Occupancy Standards; this will be confirmed when the Registry sends the regular approval or denial letter to the applicant. If the applicant does not agree with the decision, an appeal of the decision is possible. The Appeal documents are attached to the Confirmation letter above.
3. When the applicant is offered a unit by a Housing Provider, the Housing Provider will review eligibility (in relation to the Occupancy Standards) prior to accepting the applicant as a tenant. If there are changes to the applicant's situation that have not been reported to the Registry, the Housing Provider will contact the Registry in order to determine the proper unit size that should be offered.
4. At least once annually the Registry will review eligibility by providing an update request to the applicant. The household will be notified if it is no longer eligible for some of its housing choices.
5. When doing the annual updates, the Housing Providers will determine if the household is overhoused and will follow the Overhoused Rule, if applicable.

**Procedure**

**DEPENDENT CHILDREN INCLUDED AS PART OF THE HOUSEHOLD:**  
A household member's request for an additional bedroom to accommodate a child or children who regularly require overnight accommodation must be accompanied by a document verifying shared physical custody. The following documents are proof of shared physical custody:

1. A court-ordered custody or separation agreement and accompanying minutes of settlement if necessary.
2. A letter of confirmation from a supporting professional (example Children's Aid) which indicates that the child or children reside with the parent.

|                                    |                            |             |
|------------------------------------|----------------------------|-------------|
| Rule # 12-2015                     | <b>Occupancy Standards</b> | Page 3 of 4 |
| Originally Approved: December 2015 | Revision Date:             |             |

3. Income tax returns, Child Tax Credits or other financial documents.
4. Income support program drug and dental card which lists dependent children.
5. A sworn statement in writing by the parent or parents that the child or children will or do reside with them. The statement will be signed in the presence of the Social Housing Division Program Coordinator who will witness the signature as Commissioner of Oaths.

**JOINT CUSTODY:**

Where there is joint custody and parents are alternately responsible for the children and their accommodation (example: child with one parent for two weeks then the other), the children will be considered to be part of both households for the purpose of determining occupancy.

**STUDENTS LIVING AWAY FROM HOME:**

Children who do not live with the household while they are attending school at a recognized educational facility continue to be considered part of the household as long as they live with the household while not attending school and they are dependent on the household for financial support.

**ADDITIONAL BEDROOM FOR MEDICAL REASONS:**

An additional bedroom may be approved for the following reasons:

1. If one of the spouses requires a separate bedroom because of a disability or medical condition
2. If an additional bedroom is required to store equipment required by a member of the household because of a disability or other medical condition
3. For someone who provides support services on a full-time basis to a applicant/tenant/member with a disability or medical condition.

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|------------------------------------|----------------------------|----------------|
| Rule # 12-2015                     | <b>Occupancy Standards</b> | Page 4 of 4    |
| Originally Approved: December 2015 |                            | Revision Date: |

The Medical Certificate attached to this Rule will have to be completed before the additional bedroom is approved.

**EXCEPTIONS TO LOCAL RULE ON OCCUPANCY STANDARDS:**

Under special circumstances, there may be exceptions to the Local Rule on Occupancy Standards. Requests will be forwarded to the City of Cornwall Service Manager for discussion with the Housing Provider.



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*Housing Services Act, 2011, section 42, 43, 155-159*

**References**

*O. Reg. 367/11, section 38, 42*

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| <b>Local Audit Requirements Attachment</b> | Medical Certificate |
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|                      |                 |   |                            |
|----------------------|-----------------|---|----------------------------|
| <b>Completed by:</b> | Melissa Morgan  | <br>Signature | <b>Date:</b> December 2015 |
| <b>Approved by:</b>  | Stacey Ferguson | <br>Signature | <b>Date:</b> December 2015 |

### Medical Verification Form

*The personal health information disclosed on this form will be used only for the purpose of determining a tenant's eligibility and is collected under the authority of the Housing Services Act, 2011.*

Tenant/Patient

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### Consent to Release from Patient

I \_\_\_\_\_, hereby consent that my doctor disclose the personal health information requested by the City of Cornwall's Social Housing Registry in this form for the purposes stated below. I also give permission for this information to be retained on file by the City of Cornwall's Social Housing Registry.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**Your patient has requested one of the following: an additional bedroom, a modified unit or a transfer for the purpose of general health and well being.**

#### **ADDITIONAL BEDROOM REQUEST**

An additional bedroom will only be granted under the following circumstances:

- The tenant and their spouse require a separate bedroom because of a significant disability or diagnosed chronic (long-term) and serious medical condition, with symptoms that do not go away – no periodic relapse or remission. (***This does not include conditions like sleep apnea, snoring, restless leg syndrome, insomnia or frequent urination***)

- An additional bedroom is required to store life sustaining assistive devices or medical equipment required due to a significant disability or a diagnosed chronic (long-term) and serious medical condition. ***(This does not include exercise equipment)***
- To accommodate a caregiver, who will reside with the household full time for the purpose of providing required daily and/or overnight support services to a member of the household with a significant disability or a diagnosed chronic (long-term) and serious medical condition. ***(The caregiver cannot be a relative and will not be included on the lease/occupancy agreement)***

1. Does your patient have a medical condition that will adversely affect the health of one or both spouses by sharing a bedroom?

- Yes       No

Name/describe the diagnosed chronic (long-term) and serious medical condition or significant disability.

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2. As a result of the medical condition does the patient require space to store medical equipment or assistive devices?

- Yes       No

What medical equipment or life sustaining assistive devices require additional storage space as they cannot be accommodated elsewhere in the unit?

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3. Is your patient able to manage the activities of daily living without assistance?

- Yes       No

If **No**, what service(s) does he/she require?

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**MODIFIED UNIT REQUEST**

Your patient is requesting an accessible unit which will have varying degrees of modifications (i.e. widened doorways, hallways, roll-in shower, etc...)

- 1. Can your patient safely navigate stairs?       Yes                       No
  
- 2. Does your patient require a mobility aid (e.g. wheelchair, walker)?  
 Yes                       No
  
- 3. Does your patient have a deteriorating medical condition that will increase the need for unit modifications? If yes, please explain.

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- 4. Please identify the modifications that are required to enable your patient to live independently.

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**GENERAL HEALTH & WELL BEING REQUEST**

Your patient is requesting a transfer to a different unit due to medical reasons.

Is your patient able to live independently?     Yes                       No

If **No**, please describe any limitations that would prevent independent living.

How is the patient's existing unit having an adverse affect on the patient's health?

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| PHYSICIAN'S RELEASE   |                               |
|---|-------------------------------|
| <p>I hereby certify that this information represents my best professional judgement</p> <p>_____</p> <p>Physician's Name (Print)</p> <p>_____</p> <p>Physician's Signature</p> <p>_____</p> <p>Telephone</p> <p>Date: _____</p> | <p>Physician's Stamp Here</p> |

The personal health information disclosed on this form will be used only for the purposes of determining an applicant's eligibility for Social and Affordable Housing or a tenant's eligibility for a transfer to another unit and/or an additional bedroom and is collected under the authority of *the Housing Services Act, 2011*. In making this request, the applicant consents to the collection, use and disclosure, including verification, of the information provided to the City of Cornwall as Service Manager for the City of Cornwall and the United Counties of Stormont, Dundas and Glengarry, its Social Housing Providers and the Social Housing Registry in their application or supporting documents.

Revised: April, 2015