



**Title:**

Housing Services Internal Policy-Department of Social Services-Remuneration for  
Contact Persons

**Policy No.:**

SL 003

**Revisions:**

December 29, 2021

January 1, 2022

**Effective Date:**

December 10, 2004

**Applies to:**

The policy and procedures contained in this document apply to the following Housing  
Providers:

\* Public Housing



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### **Purpose of the policy**

This policy aims at persuading tenants to act as contact persons in all apartment complexes.

### **Background**

In the past, the Housing Commission of Prescott and Russell paid contact persons in cash money in exchange for services rendered. Since the transfer to the Corporation of the United Counties of Prescott and Russell, the Finance Department must now take into consideration this form of compensation and issue T4 forms to all contact persons.

Moreover, this amount is added as a form of revenue in the calculation of the amount to be paid for rent. Since this incentive is now outdated, it has become more difficult to interest tenants in performing this function.

Social Housing staff must therefore revise the incentive to contact persons as follows:

### **Procedure**

Contact persons who accept the job description in Appendix A will receive a reduction in their rent in the amount of \$100.00 per month from the amount they would normally pay.

Contact persons will also have to sign an Oat of Secrecy form (Appendix B).

The rent calculation clerk will take count of all contact persons and will make the necessary adjustments to their rents, effective January 1, 2005.

### **Questions**

If you have questions about this document, please contact your Housing Services Manager at the United Counties of Prescott and Russell.

APPROVED BY: **Original copy signed by Sylvie Millette**

DATE: \_\_\_\_\_



**Appendix A**

**CONTRACT AGREEMENT**

POSITION: CONTACT PERSON

CONDITIONS AS FOLLOWS:

1. You will be paid on a month-to-month contractual basis for services rendered at a rate of \$100.00. The amount of receive a reduction of rent in the amount of \$100.00 will be deducted from your monthly rent amount.
2. The following services are to be provided as the Housing Services on-site contact person:
  - ◆ Reporting maintenance problems to the Building and Engineering Services;
  - ◆ Ensuring doors are properly secured;
  - ◆ Assisting in cases of fire alarms;
  - ◆ giving access to your telephone to Housing Services staff;
  - ◆ distributing memos to tenants and/or posting memos on the board;
  - ◆ Notifying tenants with a vehicle of the arrival of the snow removal contractor.
  - ◆ Giving access to the shed to all tenants
  - ◆ any other related duties.
3. Regardless of the number and/or occurrences of actual fire alarms, including access to your telephone, the monthly rate of \$1000.00 will be maintained unless otherwise advised in writing.

By signing this document, I accept all of the above-mentioned conditions.

\_\_\_\_\_  
Signature (Community Relations Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (contact person)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**Appendix B**

**OATH OF SECRECY**

I, \_\_\_\_\_ of \_\_\_\_\_ in the County of Prescott and Russell, in the Province of Ontario, promise to perform my duties faithfully and honestly.

As a Contact person of the United Counties of Prescott and Russell Housing Services, I have been advised that I may become aware of and/or receive personal and/or confidential information. As such, I commit for the duration of my **duties** and thereafter to exercise the utmost discretion regarding all matters of the Corporation in relation to its staff or members of the general public.

Furthermore, I will not disclose, under any circumstances, for the duration of the **duties to be performed** or thereafter, any information acquired concerning the **Housing Services**, the tenants of the building and its staff, and members of the general public conducting business with them unless authorized **by the Housing Services staff** or as required by law.

I declare that the foregoing facts are true to the best of my knowledge and that I recognize the value and effects of an oath made under the *Canada Evidence Act*.

\_\_\_\_\_  
Contact person

DECLARED before me, at \_\_\_\_\_  
in the County of \_\_\_\_\_  
this \_\_\_\_\_ day of the month of \_\_\_\_\_ 2022

\_\_\_\_\_  
Witness, Housing Services staff