



CMM Supplemental Application Housing/Real Estate Management



A. Housing Management Specialist

Completed Documented*

- 1. Property and Building Administration Course Completion
- 2. Building Maintenance for Property Managers Course Completion
- 3. Employment Experience:
3 years, full-time, in Municipal Property/Real Estate Governance Management (5,460 hours)

Note: Re-certification Requirement (every 3 years)
A minimum 14 hours industry related training/workshop through **IHM**
(i.e. IHM educational conference attendance = 14 hours)

Title: _____ Employer: _____ (MM/YY): _____ to _____

Title: _____ Employer: _____ (MM/YY): _____ to _____ **

** Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application * Provide detail if additional positions

Office Use

B. Housing Management Professional

Above requirements must be completed, CMM II level designation achieved and Items 1 - 4 below completed

Completed Documented*

- 1. Strategic and Financial Planning for Property Managers
- 2. Human Relations for Property Managers
- 3. Tenancy Law in Ontario
- 4. Completed one (1) elective course for IHM Certificate completion
- 5. Employment Experience:
5 years, full-time, in Municipal Property/Real Estate Governance Management (9,100 hours)

Note: Re-certification Requirement (every 3 years)
A minimum 14 hours industry related training/workshop through **IHM**
(i.e. IHM educational conference attendance = 14 hours)

Title: _____ Employer: _____ (MM/YY): _____ to _____

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**New applicants must attach their CMM Application
Complete all sections for accurate evaluation**



C. 1. Applicant: _____ Employer: _____

2. Phone: _____ E-mail: _____

3. **Signature:** _____ **Date:** _____

4. **IHM Member** Yes No ****IHM Membership Required to Apply****

5. **Witness:** a) Municipal Official (IHM Member): _____

b) Signature: _____ Title: _____

Fee: \$265 (includes CMM & IHM Enhancement) HST Exempt.

Cheque payable to OMMI or pay by VISA _____ Exp ___/___ CVV: _____ Corp Personal

Name on Card: _____

Email to info@ommi.on.ca OR submit by mail to: Suite 267, 6-470 King Street West, Oshawa ON L1J 2K9