



Provincial Special Priority Policy (SPP) Request for Special Priority Form

Haldimand and Norfolk Central Waiting List
c/o Social Housing Division
Health and Social Services Department
12 Gilbertson Drive
PO Box 570
Simcoe ON N3Y 4N5
Phone: 519-426-6170 or 905-318-6623 x3234
Email: housing@haldimand-norfolk.org

This form is completed as part of the Social Housing Application form, for the Haldimand and Norfolk Central Waiting List for rent-geared-to-income (RGI) housing.

To apply for Special Priority (SPP) status on the centralized waiting list please mail or drop off your completed Request for Special Priority Form with the Social Housing Application form and all copies of the required documentation to the address shown above.

What is Special Priority Status?

A household is eligible to be included in the special priority household category if a member of the household has been abused by another individual; the abusing individual is or was living with the abused member or is sponsoring the abused member as an immigrant; and the abused member plans to live permanently apart from the abusing individual.

If the abused member and the abusing individual used to live together but no longer do, the household is not eligible to be included in the special priority household category unless one of the following requirements is satisfied:

1. The request to be included in the special priority household category was made within three months after the abused member and the abusing individual ceased to live together.
2. The Service Manager is satisfied that the abuse is ongoing at the time the request to be included in the special priority household category is made.
3. The Service Manager determines that it is appropriate to include the household in the special priority household category despite the request not being made within the time limit set out in item number 1. In this case, the applicant would need to show that special circumstances and an ongoing safety threat exist.

The information is collected under the authority of the Housing Services Act, 2011 and is subject to the Municipal Freedom of Information and Protection Privacy Act, S.O. 1990, C.M.56. The information will be used to determine the applicant's eligibility to be included in the SPP category. To that end, the information provided may be cross-referenced with other municipal data pertaining to the applicant.

Who is eligible for Special Priority Status?

You may be eligible for Special Priority status if:

- you are eligible for rent-geared-to-income (RGI) assistance; and
- you are currently living with an individual who is abusing you or another person in your household; or
- 3 months ago or less, you stopped living with an individual who was abusing you or another person in your household. In some circumstances, you may still be considered for SPP if you separated longer than 3 months; or
- you are a sponsored immigrant and you are or were living with your sponsor who is abusing you.

Section A - Applicant requesting special priority status (SPP)

(To be completed and signed by applicant)

I DECLARE that I have been abused by:

Name of Person: _____ Relationship: _____

I DECLARE that I am a victim of domestic abuse and that I intend to live separate from my abuser on a permanent basis and that: (please check one of the following options:)

I am currently living with the person who is abusing me or a member of the household.

I have not lived with the abusing individual since Date: _____

The abuse remains ongoing: Yes No

I have never lived with the abusing individual

This person is my Canadian Immigration sponsor

I have been refused admittance to the Women's Shelter due to overcrowded conditions at the Shelter.

If you have not lived with the abuser within the last 3 months, please list the reasons you have not applied for Special Priority Status until now:

I have attached proof that I live with or have lived with the abusing individual (i.e. copy of lease, rent receipts, utility bills, etc.).

Yes No Reason not attached: _____

I **declare** that I am requesting special priority on the centralized wait list in Haldimand and/or Norfolk Counties. I **consent** to the destruction of the Verification Record and all supporting documentation if I become ineligible for RGI assistance or become housed. I **consent** to the disclosure to Social Housing in the verification record and any other information or documents it may request to verify this Declaration in order to determine my eligibility for Special Priority Status. I hereby **authorize** and **consent** to the completion of this form and its submission to Social Housing.

Applicant's Name: _____ Date: _____

Applicant Signature

If the applicant for Special Priority Status is under the age of 16 and you are signing this form on their behalf as their parent, guardian or power of attorney, please provide the following:

Your Name: _____ Relationship: _____

Signature

Section B – Verifier information

(To be completed and signed by verifier)

Important: The verifier must have in-depth knowledge of the abusive relationship identified on this form. This knowledge is based on the verifier’s professional relationship with the applicant and enables the verifier to make the assessments that are necessary to address the questions in this form.

Name of Special Priority Applicant: _____

Name of Special Priority Verifier: _____

Organization _____

Position / job title _____

Address _____

City/Town _____

Postal Code _____

Phone _____

I **declare** that I know the applicant in my professional role as (please check):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> social service worker | <input type="checkbox"/> law enforcement officer | <input type="checkbox"/> doctor | <input type="checkbox"/> member of the clergy |
| <input type="checkbox"/> teacher | <input type="checkbox"/> shelter worker | <input type="checkbox"/> settlement services worker | <input type="checkbox"/> community health worker |
| <input type="checkbox"/> lawyer | <input type="checkbox"/> guidance counselor | <input type="checkbox"/> victim services worker | <input type="checkbox"/> individual in a managerial or administrative position with a housing provider |

I **declare** that I am not working in one of the above roles, but that I have direct knowledge that the applicant has been subject to domestic abuse. (If you check this option, you must provide a letter supporting your statements below as well as a declaration of the truth of this record as administered by a commissioner for taking affidavits.)

I **declare** that I have viewed or confirm the following records exist:

- A record of intervention by the police indicating that the applicant was were abused by the abusing individual.
- A record of physical injury caused to the applicant by the abusing individual.
- A record of the application of force by the abusing individuals against the applicant to force the applicant to engage in sexual activity against the applicant’s will.
- A record of one or more attempts to kill the member or another member of the household.
- A record of the use of a weapon against the member or another member of the household.
- A record of one or more incidents of abuse, including the following:
 - Threatening to kill the member or another member of the household.
 - Threatening to use a weapon against the member or another member of the household.
 - Threatening to physically harm the member or another member of your household.
 - Threatening to destroy or injure the member or another member of the household’s property.
 - Intentionally killing or injuring pets.
 - Threatening to remove the member or another member of the household’s children.
 - Forcing the member or another member of the household to perform degrading acts.
 - Terrorizing the member or another member of the household.
 - Threatening to take action to withdraw from sponsoring the member or another member of the household.
 - Threatening to take action that might lead to the member or another member of the household being deported.
 - Other words, actions or gestures that threaten the member or lead the member to fear for his or her safety. (please state) _____
- A record of undue or unwarranted control by the abusing individual over the member’s personal or financial activities.
- A record of one or more incidents of stalking or harassing behavior against the member or another member of the household.

Section B – Verifier information

(To be completed and signed by verifier continued)

Important: this section is required to be completed by the verifier.

This section is for supportive statements. Supportive statements may include information regarding the pattern of abuse. The intention is to help Social Housing understand the circumstances related to this application, so please include as much relevant information as possible. A separate written letter supporting aspects of this applications form is also acceptable and must be signed by the verifier who completed this form.

- A letter supporting the content of this application is attached.
- A declaration of the truth of this record as administered by a commissioner for taking affidavits (only required if you do not work in a professional capacity with the applicant).

I **declare** that the information I have provided in this form and any supporting documentation is an accurate account of the applicant's situation. I am aware of my responsibility in providing a comprehensive verification of abuse and declare that the information I have provided on this form, as well as on possible attachments, is an accurate in-depth professional assessment of the applicant's situation.

Name and Professional Title: _____ Date: _____

Signature