

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

Return completed form with CWL Application.

Haldimand and Norfolk Central Waiting List

c/o Housing Services

Social Services and Housing Department

12 Gilbertson Drive, PO Box 570

Simcoe, ON N3Y 4N5

Phone: 519-426-6170 or 905-318-6623 Ext. 3234 and Ext. 3235

Email: housing@hnhss.ca

To apply for Special Priority Policy (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?

Special Priority (SPP) status is intended to assist victims of family violence and human trafficking to separate permanently from their abuser. SPP status allows applicants to move ahead of other applicants on the Central Waiting List.

REQUEST for SPECIAL PRIORITY FORM

For Office Use Only

Complete this form and return it to:

Haldimand and Norfolk Central Waiting List
c/o **Housing Services**
Social Services and Housing Department
12 Gilbertson Drive, PO Box 570
Simcoe, ON N3Y 4N5

Section A - DECLARATION OF ABUSE

Were you or someone who lives with you abused? Yes No

What is the name of the person who was abused?

What is the abuser's name?

What is the relationship to the abuser? Partner/Spouse Parent

If the abuser is an immigration sponsor, please attach a copy of your immigration papers

Child Immigration Sponsor

Other (please describe) _____

Do you live with the abuser now? Yes No

If you no longer live with the abuser, when did you stop living together? Month: Day: Year:

What is the address of the residence that you shared with the abusive person? *You will have to provide proof that you lived together at this address*

Street Address: Unit #:

City: Province: Postal Code:

I intend to live permanently apart from the abusive person Yes No Signature of Abused Person:

Section B - YOUR CONTACT INFORMATION – SAFE INFORMATION ONLY

Name: Cell:

Home Telephone # Can we call you at home? Yes No

Work Telephone and Extension # Can we call you at work? Yes No

Please provide a safe mailing address below.

Street Address: Unit #:

City: Province: Postal Code:

Name of Alternate Contact:

Telephone # Cell:

OFFICE USE ONLY

Approved

Date: _____

Staff Signature: _____

Denied

Section C - DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the person who was abused. If that person is under the age of 16 or unable to sign the consent or give a valid consent, the consent may be signed on the abused behalf by: the parent or guardian, an attorney under power of attorney that authorizes that attorney to give the consent on the abused person's behalf; or a person who is otherwise authorized to give the consent on the abused person's behalf.

I request that my application be given Special Priority ranking on the waiting list.

I promise that everything I have written on this form is true and complete.

I understand that all the information I give to Haldimand and Norfolk Housing Department will belong to them.

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 Housing Services 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 Housing Services.

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;
- you are a sponsored immigrant and you are or were living with your sponsor who is abusing you; and
- the abused member plans to live permanently apart from the abusing individual.

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.

ADDITIONALLY,

I hereby authorize _____

my _____

Name of professional

professional relationship i.e.: doctor

to complete this form and consent to the disclosure of any supporting information requested by Haldimand and Norfolk Housing Department to assess my application.

Signature: _____

Date: _____

Applicant Signature (or person authorized to sign on their behalf)

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:

Relationship: _____

Your Name: _____

Signature: _____

Section D - VERIFICATION OF ABUSE SECTION FOR PROFESSIONALS

PROFESSIONALS INFORMATION AND DECLARATION

Name: Position/Title:

Organization:

Address: Telephone:

City: Province: Postal Code:

NOTE: The applicant's request for special priority cannot be considered without this completed form AND your letter describing the applicant's situation.

I have reviewed the definition of abuse outlined in this form and in my professional capacity have attached a letter describing the applicants circumstances. Yes No

I declare that to the best of my knowledge, the information I have provided in the attached letter is an accurate account of the applicant's situation. Yes No

I understand that the Haldimand and Norfolk Housing Department will rely on the information I have provided to assess the applicant's eligibility for Special Priority status. Yes No

Professional's Signature: _____ Date: _____

Section E - DEFINITION OF ABUSE

For the purpose of Special Priority, abuse means:

One or more incidents of: physical or sexual violence, controlling behavior, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety, or trafficking of the member done by any individual.

For the purpose of Special Priority, the abuser must be one of the following:

- An individual who is related to the member or any other member of the household
- An individual who is or has been in an intimate partner relationship with the member or any other member of the household
- An individual on whom the member or any other member of the household is emotionally, physically or financially dependent
- An individual who is emotionally, physically or financially dependent on the member or any other member of the household
- An individual sponsoring the member or any other member of the household as an immigrant

VERIFYING THERE HAS BEEN ABUSE

The record of abuse, as prepared by an individual who is able to verify abuse, must confirm:

- The name of the abused member;
- A statement by the person preparing the record that they have reasonable grounds to believe that the member is being, or has been abused, by the abusing individual;
- A description of the circumstances that indicate that the member is being, or has been abused;
- Information about the person who prepared the record, including his or her name, occupation and any professional designation;
- The date the record was prepared

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.

Section F - SURVIVORS OF HUMAN TRAFFICKING

For survivors of human trafficking, those who are currently being trafficked or those who have exited trafficking within a period of 3 months are eligible to apply for Special Priority status.

The record of abuse, as prepared by an individual who is able to verify abuse, must confirm:

- The name of the trafficked member;
- A statement by the person preparing the record that they have reasonable grounds to believe that the member is being, or has been trafficked;
- A description of the circumstances that indicate that the member is being, or has been trafficked;
- Information about the person who prepared the record, including his or her name, occupation and any professional designations;
- The date the record was prepared

Section G - INFORMATION FOR APPLICANTS

If you want to request Special Priority status, you must provide the following:

- This form (Request for Special Priority Form) completed by the abused person; AND
- A Verification of Abuse section completed by a qualified professional as listed on the form; AND
- A letter from a qualified professional describing the abuse; AND
- Copies of documents that prove that you are or were living with the abuser (i.e.: copy of lease, rental agreement, mortgage documents, utility bills, etc) OR a written explanation why that information is not available

If you have been separated from the abuser for more than three months and you believe that you or someone who lives with you is at risk of further abuse, the letter from the qualified professional must explain the ongoing risk.

Applicants housed under the Special Priority Status who deliberately provide false or inaccurate information for the purpose of receiving rent-geared-to-income assistance may have their rent-geared-to-income assistance terminated.

Section H - INFORMATION FOR PROFESSIONALS PROVIDING VERIFICATION OF ABUSE

Special Priority applicants rank ahead of everyone else on the central waiting list for affordable housing and are housed faster than others on the central waiting list. Haldimand and Norfolk Housing Department relies on the documentation submitted from verifying professionals to ensure that Special Priority status is granted to only those who qualify.

To qualify, applicants must:

- be eligible for rent-geared-to-income assistance; and
- intend to permanently live apart from the abuser; and
- provide documentation confirming that they or someone in their household has been abused by someone who lives with them or by their immigration sponsor

The following professionals can provide verification of abuse:

1. A doctor.
2. A registered nurse or a registered practical nurse.
3. A lawyer.
4. A law enforcement officer.
5. A minister of religion authorized under provincial law to perform marriages.
6. A registered early childhood educator.
7. A teacher.
8. A guidance counsellor.
9. An individual in a managerial or administrative position with a housing provider.
10. An Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper.
11. A member of the College of Midwives of Ontario.
12. An aboriginal person who provides traditional midwifery services.
13. A registered social worker.
14. A registered social service worker.
15. A psychotherapist, registered psychotherapist or registered mental health therapist. O. Reg. 367/11, s. 58 (5); O. Reg. 437/17, s. 14 (3).