



## Request for Homeless Priority Status Form

### Definition of Homeless Priority Status

You have indicated on your application form that you are living in temporary accommodation such as with friends or relatives, in a shelter, hostel or motel.

In order to qualify for “Homeless” status you must be one or more of the following:

- without shelter
- living in temporary or emergency housing
- living in housing condemned by the municipality
- about to be discharged from a care facility
- about to be evicted for reasons outside of your control (e.g. landlord wants property for own use)
- separated from family members due to lack of housing
- burned out of place of residence

Verification of Homeless status is required, including:

- ATH Verification of Homeless Status Form (see other side) AND
- Verification letter from shelter or social agency

AND if it applies to the situation, one of the following:

- Property inspection report
- Confirmation from discharge planners of care facility
- Notice of Termination indicating you did not cause the eviction.

The appropriate verification documents must be submitted to the ATH office if you wish to be considered for Homeless status.

A letter outlining the circumstances must be provided by a professional/agency.

If you require information or assistance filling out this form please contact Access to Housing at 905-546-2424 ext.3708

### Section to be completed by Applicant

I, \_\_\_\_\_ hereby authorize and consent to the completion of this form, its submission to Access to Housing and the disclosure to Access to Housing of any additional information Access to Housing may request to clarify the information on this form.

|                |         |           |
|----------------|---------|-----------|
| Applicant Name | Address | Telephone |
|----------------|---------|-----------|

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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| To be completed by verifier  |              |                |
|--|--------------|----------------|
| <p>A verifier is a person who has a professional relationship with the applicant, including, but not limited to a:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• doctor</li> <li style="width: 50%;">• member of the clergy</li> <li style="width: 50%;">• lawyer</li> <li style="width: 50%;">• victim services worker</li> <li style="width: 50%;">• shelter worker</li> <li style="width: 50%;">• settlement services worker</li> <li style="width: 50%;">• law enforcement officer</li> <li style="width: 50%;">• community health care worker</li> <li style="width: 50%;">• social worker or social service agency worker</li> <li style="width: 50%;">• counsellor/psychologist</li> </ul> |              |                |
| <p>Note to person completing this form: Your patient/client has applied for social housing through Access to Housing and may be eligible for homeless status since they have declared they are: without shelter, living in temporary / emergency housing or are separated from family members due to the lack of housing.</p>  |              |                |
| <p>I have a professional relationship with this client and am eligible to complete this form.<br/>(As outlined in the list above)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |              |                |
| <p>The applicant is currently separated from family members due to lack of housing</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>  |              |                |
| <p>The applicant is currently without shelter            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |              |                |
| <p>The applicant is currently living with family/friends            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Date applicant moved into this accommodation:</p>   |              |                |
| <p>The applicant is currently staying in emergency housing            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Location /Shelter:</p>  |              |                |
| Verifier Name  | Organization | Position/Title |
| Address  |              | Telephone      |
| Signature:   |              | Date:          |