



Special Priority Policy (SPP) Request for Status as a Victim of Domestic Abuse Verification Form

Definition of Special Priority Status

The Housing Services Act, 2011 gives priority access to social housing applicants whose personal safety, or whose family's safety is at risk because of abuse by an individual with whom they live or have lived within the past six months. This special priority is to enable the applicant household to separate permanently from the abuser.

If you are currently living with someone who is abusing you (or a member of your family), or you have lived with someone within the past 6 months who has abused you (or a member of your family), or you are a survivor of human trafficking and have exited trafficking within a period of three months or less then you may qualify for Special Priority Status. This status gives priority housing to individuals whose personal safety is at risk.

Instructions For Applicant

You must provide the following documents in order to meet the eligibility requirements for Special Priority:

1. Complete all of the Applicant sections on the Special Priority Policy (SPP) Verification Form.
2. Have a professional (as listed on Page 5) complete the Professional section on the Special Priority Policy (SPP) Verification Form.
3. Have a professional (as listed on Page 5) write a letter on your behalf explaining your situation of abuse.
4. Provide documentation for "verification of co-residency" that you and the person named as the abuser lived at the same residence within the last 6 months (as listed on Page 3).
Note: Proof of living with abuser is not required for victims of human trafficking.
5. Have a safe address and phone number where Access to Housing can contact you.

All information disclosed to Access to Housing will remain confidential.

If you need assistance in completing the Special Priority Policy (SPP) Verification Form, please contact Access to Housing.



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Instructions for the Professional Completing this Form

The Applicant is applying for Priority Status for subsidized housing through Access to Housing. In order for Access to Housing to determine the Applicant's eligibility, we will need the following documents from you.

1. Complete the Professional section on the Special Priority Policy (SPP) Verification Form (Page 5).
2. Write a letter on behalf of the Applicant providing an account of the Applicant's situation of abuse. (You may refer to the list of Indicators of Violence/Abuse on Page 7 of this form if you need assistance in writing your letter)

Section To be Completed by Applicant

I, _____ hereby authorize and consent the completion of this form and its submission to Access to Housing and the disclosure to Access to Housing of any additional information it may request to clarify the information in this form and in the attached letter.

Last Name

First Name

Social Insurance Number

Date of Birth (mm/dd/yyyy)

Safe Telephone Number

Current Address

City

Postal Code

Signature: _____

Date: _____



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Section To be Completed by Applicant (continued)

Eligibility Requirements for Special Priority for the Applicant

To receive Special Priority Status you must indicate which of the following situations apply to you.

- I am, or was, a member of a household where I have been subject to abuse from another person.
- I am, or was living within the past six months, with the abusive person, or was sponsored by the abusive person or was trafficked by the abusive person
- I have attached “verification of co-residency” that I am, or was, living with the abusive person (as defined on page 4 of this form).
- I intend to live permanently apart from the abusive person.

I DECLARE that I have been abused by:

Name of Abuser: _____ Relationship: _____

I DECLARE that I intend to permanently live apart from this person and that:

- I am currently living with this person
- I have not lived with this person since – Date: _____
- I have never lived with this person
- This person is my Canada Immigration Sponsor
- I am a victim of human trafficking



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Section To be Completed by Applicant (continued)

I, _____ hereby authorize and consent to the disclosure to Access to Housing of information and documents required by the agency for the purpose of verifying the above statements provided by myself for eligibility under the Special Priority (SPP) category.

I solemnly declare that everything I have written on this form is an accurate description of my situation. I understand that all information I give to Access to Housing will be stored by Access to Housing (see note below re: personal information).

I consent to the disclosure of my personal information by Access to Housing to the person named as the professional for the purpose of determining eligibility under the Special Priority category.

Signature:

Date:

Name Printed:

Application Number: (office use only)



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Section To be Completed by Professional

According to the *Housing Services Act, 2011* the following professionals are eligible to provide confirmation of abuse and/or human trafficking:

- Doctor
- Lawyer
- Teacher
- Shelter Worker
- Member of the Clergy
- Registered ECE worker
- Member of College of Midwives
- Law Enforcement Officer
- Guidance Counselor
- Victim Services Worker
- Community Health Care Worker
- Settlement Services Worker
- Psychotherapist, Registered Psychotherapist or Registered Mental Health Therapist
- Registered Social Worker or Social Service Worker
- An individual in a managerial or administrative position with a housing provider
- Indigenous Elder, Traditional Person, Knowledge Keeper or Indigenous Midwife

The professional must answer all the questions below in order for the application to be reviewed.

- I have a professional relationship with this client and am eligible to complete this form.
- My professional assessment is that the applicant has experienced abuse.
- I have attached a letter providing an account of the applicant's situation of abuse
- I am aware of my responsibility in providing the confirmation of abuse and declare that to the best of my knowledge, I have provided an accurate account of the applicant's situation.

Name of Professional	Organization/Occupation	Position/Title
Address		Telephone
Signature: Date:		



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Verification of Co-residency Examples:

Verification that you and the person named as abuser resided at the same residence within the last 6 months is required to assess Priority Status. Below are examples of verification that can be submitted.

- | | |
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| <ul style="list-style-type: none"> • Ontario Works/ODSP drug or dental card or letter from your worker • Statement from a bank • Credit card/utility bill/loan documents • Mortgage statement • Property tax statement • Legal documents – separation/custody – Affidavit • Copy of recent lease or rental agreement • Joint assets/RRSP's statements | <ul style="list-style-type: none"> • Income Tax Statement • Child Tax Credit • School registration/letter from principal • Subsidized daycare documents • Landed paper identifying spouse/address sponsored to • OSAP • Letter from family doctor • Insurance documents listing both parties |
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If none of the above are available, we will discuss other options with you directly



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Indicators of Violence / Abuse:

Under the Housing Services Act, 2011, “abuse” includes one or more incidents of any of the following:

- physical or sexual violence
- intentional destruction of or intentional injury to property
- words, actions or gestures that threaten the safety of the person, children, family or property of the individual
- controlling behaviour
- trafficking of the member done by any individual
- “Trafficking” means – with respect to a member of a household, one or more incidents of recruitment, transportation, transfer, harbouring or receipt of the member by improper means, including force, abduction, fraud, coercion, deception and repeated provision of a controlled substance, for an illegal purpose, included sexual exploitation or forced labour.

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c.M.56. The information will be used to determine current/or inclusion in the Special Priority Household category. Destruction of confirmation of abuse is to occur; three months after the cancellation of the application; or, three months after the applicant is placed on the regular housing waiting list; or three months after the applicant is housed.