

## Confirmation of Homeless Status Request for Homeless Priority Status Form

**Who may complete this form:** A person who has a professional relationship with the applicant, including, but not limited to a:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ doctor</li> <li>▪ lawyer</li> <li>▪ shelter worker</li> <li>▪ law enforcement officer</li> <li>▪ social worker or social service agency worker</li> </ul> | <ul style="list-style-type: none"> <li>▪ member of the clergy</li> <li>▪ victim services worker</li> <li>▪ settlement services worker</li> <li>▪ community health care worker</li> <li>▪ counsellor/psychologist</li> </ul> |
|--|---|

### To be completed by verifier:

**The verifier must answer all the questions below AND provide a letter outlining the circumstances in order for the applicant to be reviewed for priority status.**

1. I have a **professional** relationship with this client and am eligible to complete this form (As outlined in the list above) Yes  No
  2. The applicant is currently without shelter Yes  No
  3. The applicant is currently separated from family members due to lack of housing Yes  No
  4. The applicant is currently living with family/friends Yes  No
- Date applicant moved into this accommodation: \_\_\_\_\_  
(dd/mm/yy)
5. The applicant is currently staying in emergency housing Yes  No
- Location/Shelter: \_\_\_\_\_

Verifier's Name	Organization	Position/Title
Address		Telephone
Signature		Date (dd/mm/yy)

### To be completed by the 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.

Name	Signature	
Address	Phone #	Date

*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 Homeless category.*

## **Confirmation of Homeless Status Request for Homeless Priority Status Form**

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:**

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

**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.

**If you require information or assistance filling out this form please  
contact Access to Housing at 905-524-2228.**