

Special Priority Policy (SPP)

Request for Status as a Victim of Domestic Abuse Verification Form

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), then you may qualify for *Special Priority Status*. This status gives priority housing to individuals whose personal safety is at risk. If someone has been abusing you (or a member of your family) but you have never lived with that person or it has been longer than 6 months since you lived together and your personal safety is at risk, then you may qualify for *Urgent Status* (contact Access To Housing for an Urgent Status Verification Form).

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 2) complete the Professional section on the Special Priority Policy (SPP) Verification Form.
3. Have a professional (as listed on Page 2) 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 4).
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.

Instructions for the Professional (as listed on Page 2) 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 2).
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 4 of this form if you need assistance in writing your letter)

To be Completed by Professional:

According to the *Housing Services Act, 2011* the following professionals are eligible to provide confirmation of abuse:

| | | |
|---------------------------|--------------------------------|--|
| ▪ Doctor | ▪ Member of the Clergy | ▪ Registered Social Worker or Social Service Worker |
| ▪ Lawyer | ▪ Guidance Counselor | |
| ▪ Teacher | ▪ Victim Services Worker | ▪ An individual in a managerial or administrative position with a housing provider |
| ▪ Shelter Worker | ▪ Settlement Services Worker | |
| ▪ Law Enforcement Officer | ▪ Community Health Care Worker | |

The professional must answer all the questions below for the applicant to be reviewed for priority.

- 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 | Position/Title |
| Address | | Telephone |
| Signature | | Date |

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 and in the attached letter.

| | |
|--------------------------|-----------------------|
| Name (last): | Name (first): |
| Social Insurance Number: | Birth date (mm/dd/yy) |
| Current Address: | |
| City and Postal Code: | Telephone Number: |
| Signature | Date: |

Eligibility Requirements for Special Priority for the Applicant:

- 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.
- 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 am intending to live permanently apart from the abusive person.

To be Completed by Applicant:

I am, or was, living with _____
(name of abusive person)

The abusive person is my _____
(e.g. partner, parent, roommate, etc)

I am currently living with the abusive person.
(Please make sure that we have a safe address and number where we can contact you).
OR

I have lived with the abusive person in the past 6 months and have separated from the abusive person since _____
(date we stopped living together)

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) |

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.

- 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
- 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
- If none of the above are available, we will discuss other options with you directly

Indicators of Violence / Abuse:

- Intervention by the police indicating that the applicant was abused by another individual.
- Physical injury caused to the applicant by the abusing individual.
- Use of force by the abusing individual against the applicant to force the member to engage in sexual activity against his or her will
- Undue or unwarranted control by the abusing individual over the applicant's daily personal and financial activities.
- Any words, actions or gestures by the abusing individual that threaten the member or his or her property including, **but not limited to**, the following:
 - Threatening to physically harm the applicant or another member of the household
 - Threatening to destroy or injure the applicant's property
 - Killing or intentionally injuring pets
 - Threatening to remove the applicant's children from the household
 - Threatening to prevent the applicant from having access to his or her children
 - Forcing the applicant to perform degrading acts
 - Terrorizing the applicant
 - Threatening to take action to withdraw form sponsoring the applicant as an immigrant
 - Threatening to take action that might lead to the applicant being deported
 - Other words, actions or gestures which lead to the applicant to fear for his or her safety

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.