

**Social & Community Services
Employment, Housing and Social Services - Housing Services
690 Dorval Drive 7th Floor, Oakville ON L6K 3X9
Telephone: 905-825-6000 Toll free: 1-866-442-5866
TTY (905)827-9833
Faxed forms and documents will not be accepted**

Thank you for submitting the application form for rent-geared-to-income housing in Halton Region.

To apply for Special Priority (SPP) status on the centralized waiting list please mail or drop off your completed SPP application and all copies of required documentation to the address shown above. If incomplete, only your RGI application will be processed.

Please refer to the Document Guide on page 6 for a list of acceptable documentation.

What is Special Priority Status?

The Special Priority Policy (SPP) category for Victims of domestic abuse allows applicants to move ahead of all other applicants on the Halton Access to Community Housing (HATCH) centralized waiting list. They are ranked among other SPP priority status applicants. Verifiers and housing staff must ensure that inclusion in the SPP category is reserved for those who are eligible under the housing regulations and that all requirements are met.

The intent of Special Priority Policy (SPP) is to help an RGI applicant separate permanently from someone abusive. It is given to an applicant who's personal or family's safety is at risk, and does not apply to applicants who simply want to separate from someone because the relationship is not working.

The information is collected under the authority of the *Housing Services Act*, 2011 S.O. 2011, c.6 and is subject to the Municipal Freedom of Information and Protection of 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 (unless stated otherwise). To that end the information provided may be cross-referenced with other municipal data pertaining to the applicant.

Who is eligible for Special Priority Status (SPP)?

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.
- 3 months ago or less you stopped living with an individual who was abusing you or another person in your household. In some circumstances, you may still be considered for SPP if separated longer than 3 months.
- you are a sponsored immigrant, and your sponsor is abusing you or another person in your household.

Section A - Applicant requesting SPP status (to be completed and signed by Applicant)

HATCH Confirmation Number (if available)

I DECLARE that I have been abused by:

Name of person: _____ Relationship: _____

I DECLARE that I am a victim of domestic abuse and that I intend to live separate from my abuser on a permanent basis and that: *(please check one of the following options)*

- I am currently living with the abusing individual
- I have not lived with the abusing individual since Date: _____
 Is the abuse still ongoing? Yes No MM DD YYYY
- I have never lived with the abusing individual
- This person is my Canada Immigration sponsor.

If you have not lived with this person within the last three months, please indicate the reason(s) you have not applied for Special Priority Status until now:

I have **attached proof** that I live with or have lived with the abusing individual (i.e. copy of lease, rent receipts, utility bills). Yes No

I declare that I am requesting special priority on the centralized waitlist in the regional municipality of Halton. 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 the Regional municipality of Halton of 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 HATCH, as well as the disclosure to HATCH of any additional information it may request to clarify the information in this form.

Applicant's name: _____ **Date:** _____
MM DD YYYY

Signature: _____

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:

Your name: _____ Relationship to applicant: _____

Section B - Verifier information (to be completed and signed by verifier)

IMPORTANT: The verifier must have in-depth knowledge of the abusive relationship identified on this form. This knowledge is based on the verifier's professional relationship with the applicant and enables the verifier to make the assessments that are necessary to address the questions in this form.

Name of Special Priority Applicant: _____

Name of Special Priority Verifier: _____

Organization: _____ Position / job title: _____

Address: _____ Telephone Number: _____

I DECLARE that I know the applicant in my professional role as a (*please check*):

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> doctor | <input type="checkbox"/> law enforcement officer | <input type="checkbox"/> social worker | <input type="checkbox"/> community health care worker |
| <input type="checkbox"/> lawyer | <input type="checkbox"/> member of the clergy | <input type="checkbox"/> social service worker | <input type="checkbox"/> settlement services worker |
| <input type="checkbox"/> teacher | <input type="checkbox"/> guidance counsellor | <input type="checkbox"/> victim services worker | <input type="checkbox"/> community legal worker |
| <input type="checkbox"/> nurse | <input type="checkbox"/> social housing provider | <input type="checkbox"/> shelter worker | <input type="checkbox"/> community services worker |

I DECLARE that I am not working in one of the above roles, but that I have direct knowledge that the applicant has been subject to abuse.

(If you check this option, you must provide a letter supporting your statements below as well as a declaration of the truth of this record as administered by a commissioner for taking affidavits.)

I DECLARE that:

- the abusing individual has made one or more attempts to kill the applicant or another member of the household.
- the abusing individual has used a weapon against the member or another member of the household
- the abusing individual has physically injured the applicant
- the abusing individual has forced the applicant to engage in sexual activity against his or her will
- the abusing individual forced the applicant to perform degrading or humiliating acts
- the abusing individual has failed to provide or has withheld the necessities of life
- the abusing individual has threatened to kill the applicant or another member of the a household
- the abusing individual has threatened to use a weapon against the applicant or another member of the household

Section B - Verifier information (to be completed by verifier) Continued

I DECLARE that:

- the abusing individual has threatened to physically harm the applicant or another member of the Household
- the abusing individual has destroyed or injured the applicant's property or threatened to destroy or injure the applicant's property
- the abusing individual has intentionally killed or injured pets or threatened to intentionally kill or injure pets
- the abusing individual has threatened to harm or remove the applicant's children from the Household
- the abusing individual has threatened to prevent the applicant from having access to their children
- the abusing individual has threatened to withdraw their immigration sponsorship
- the abusing individual has threatened to have the applicant deported
- the abusing individual has enforced social isolation upon the applicant
- the abusing individual has terrorized the applicant
- the abusing individual has stalked or harassed the applicant or another member of the household
- the abusing individual has undue or unwarranted control over the applicant's daily personal or financial activities
- there has been police intervention as a result of the abuse
- the abusing individual has otherwise threatened the applicant by doing (please state)
- the abusing individual has led the applicant to fear for his or her safety by doing (please state)

Current / Previous Addresses and Landlord Information (to be completed with applicant)

Provide the address (es) where the applicant lived in Canada for the last five years. Please indicate if they received rent-geared-to-income subsidy. Also, please provide the name and phone number of the landlord.

From (m/y)	To (M/Y)	Street address, City and Province	Subsidized housing?	Name Landlord	Landlord Phone number
	present		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section B - Verifier information (to be completed by verifier) Cont...

IMPORTANT: This section must be completed by the verifier. Please use this form to that end

This section is for supportive statements. Supportive statements may include information regarding the pattern of abuse, personal examples the applicant is comfortable disclosing, names and dates, and current safety concerns, etc. To help us understand the circumstances related to this application please include as much relevant information as possible. If additional space is required continue on the back of this page or on a separate sheet of paper. Thank you.

- a letter supporting the above noted statements (mandatory for anyone completing this verification record) is attached.
- a declaration of the truth of this record as administered by a commissioner for taking affidavits (required only if you do not work in a professional capacity with the applicant).

*I **declare** that the information that I have provided in this form and any supporting documentation is an accurate account of the applicant's situation. I am aware of my responsibility in providing a comprehensive verification of abuse and **declare** that the information I have provided on this form, as well as on possible attachments, is an accurate in-depth professional assessment of the applicant's situation*

Date: ____ ____ ____
MM DD YYYY

Signature: _____

Document Guide

Proof of Cohabitation

Please ensure that proof of cohabitation is provided as part of this submission. One of the following documents (identifying the name and address of the abusing individual) can be used in combination with evidence that the SPP applicant also resides or resided at that address. Alternatively an address record is provided with the names of the victim and the abuser. When information is conflicting additional information may be required.

IMPORTANT: Please only provide copies of documents listed on the Acceptable Documents list provided below. **Faxed forms and documents will not be accepted**

Acceptable Documents:

- Condominium fees;
- Fire insurance policy and premium receipts;
- Home heating receipts;
- House or apartment insurance;
- Hydro or utility receipts;
- Land registry records;
- Lease or rental agreement;
- Letter from landlord;
- Mortgages;
- Notice of rent increase or decrease;
- Ontario Drivers License;
- Ontario Works or Ontario Disability Support Program statements / documentation;
- Employment Insurance statements / documentation;
- Property deeds;
- Property taxes;
- Rent receipt with landlord's name, address and phone with applicant's and abuser's address on it

Documents not accepted by HATCH

The following list of documents cannot be accepted, acknowledging this list is not inclusive

- Collection Bills/Past Due Notices
- Envelopes
- Generated 'Marketing' Mail
- Letters from private dwelling landlords
- Magazine Subscriptions/ Renewals
- Bank statements
- Ontario School Office Records
- Affidavits
- Phone/Cable/Internet bill statements/bank statements
- Physician/Dentist – receipt/Invoice/Letter (unless the client & abusing individual shared the same doctor or dentist)
- Health and Dental Insurance – (Claim Statements)

For more information

Please call HATCH at 905-825-6000 or 1-866-442-5866 for more information about this form.