



SPECIAL PROVINCIAL PRIORITY

For Office Use Only

Complete this form and return it **one** of these ways:

By Mail:

Niagara Regional Housing
P.O. Box 344
Thorold, ON L2V 3Z3

By Fax: 905-935-0476

In Person:

Niagara Regional Housing
Regional Admin Building
Campbell East
1815 Sir Isaac Brock Way, Thorold

DECLARATION OF ABUSE

Were you or someone who lives with you abused? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of the person who was abused?	
What is the abuser's name?	
What is the relationship to the abuser? <i>If the abuser is an immigration sponsor, please attach a copy of your immigration papers</i>	<input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Immigration Sponsor <input type="checkbox"/> Other (please describe) _____
Do you live with the abuser now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you ever live with the abuser? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you no longer live with the abuser, when did you stop living together? Month: _____ Day: _____ Year: _____	
What is the address of the residence that you shared with the abusive person? <i>You will have to provide proof that you lived together at this address</i>	
Street Address:	Unit #
City:	Province: Postal Code:
I intend to live permanently apart from the abusive person <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Signature of Abused Person

YOUR CONTACT INFORMATION – SAFE INFORMATION ONLY

Name:	Cell #
Home Telephone #	Can we call you at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone # and Extension #	Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a safe mailing address below.	
Street Address:	Unit #
City:	Province: Postal Code:
Name of Alternate Contact:	Telephone #: Cell #:

OFFICE USE ONLY

Approved Denied Date _____ Staff Signature _____

DEFINITION OF ABUSE

For the purpose of Special Priority, abuse means:

One or more incidents of: physical or sexual violence, controlling behavior, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety.

For the purpose of Special Priority, the abuser must be:

- The abused person's spouse, parent, child, or other relative, OR
- The abused person's immigration sponsor, OR
- A person on whom the abused person is emotionally, physically or financially dependent

INFORMATION FOR APPLICANTS

If you want to request Special Priority, you must provide the following:

- ✓ This form (Request for Special Priority) completed by the abused person, AND
- ✓ The Verification of Abuse section completed by a qualified professional as listed on the form, AND
- ✓ A letter from the qualified professional describing the abuse, AND
- ✓ Copies of documents that prove that you are or were living with the abuser (ie: copy of lease, rental agreement, mortgage documents, utility bills, etc)

If you have been separated from the abuser for more than three months and you believe that you or someone who lives with you is at risk of further abuse, the letter from your qualified professional must explain the ongoing risk.

DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the person who was abused. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the abused person's behalf by: the parent or guardian, an attorney under a power of attorney that authorizes that attorney to give the consent on the abused person's behalf; or a person who is otherwise authorized to give the consent on the abused person's behalf.

I request that my application be given Special Priority ranking on the waiting list.

I promise that everything I have written on this form is true and complete.

I understand that all information I give to Niagara Regional Housing (NRH) will belong to them.

In situations where the applicant will be seeking Ontario Works, the applicant will allow NRH to advise Ontario Works that their request for Special Priority status has been approved.

I, _____, hereby authorize and consent to the disclosure to NRH of information and documents required by NRH for the purpose of verifying the statements on this form and assessing my eligibility for Special Priority status.

I further understand that if I will be at risk of being abused by the abusing individual if I attempt to obtain information or a document, NRH shall not require me to provide that information or document.

ADDITIONALLY,

I hereby authorize _____, my _____, to complete
Name of professional *professional relationship ie: doctor*
this form and consent to the disclosure of any supporting information requested by NRH to assess my application.

Applicant Signature (or person authorized to sign on their behalf)

Date

VERIFICATION OF ABUSE SECTION FOR PROFESSIONALS

PROFESSIONALS INFORMATION & DECLARATION

Name:	Position/Title:		
Organization:			
Address:		Telephone:	
City:		Province:	Postal Code:

NOTE: The applicant's request for special priority cannot be considered without this completed form AND your letter describing the indicators of abuse that apply to the applicant's situation.

I have reviewed the definition and indicators of abuse outlined in this form and in my professional capacity have attached a letter describing the indicators of abuse applicable to the applicants circumstances. Yes No

I declare that to the best of my knowledge, the information I have provided in the attached letter is an accurate account of the applicant's situation. Yes No

I understand that NRH will rely on the information I have provided to assess the applicant's eligibility for Special Priority. Yes No

Professional's Signature	Date
--------------------------	------

INFORMATION FOR PROFESSIONALS PROVIDING VERIFICATION OF ABUSE

Special Priority applicants rank ahead of everyone else on the waiting list for affordable housing and are housed much faster than everyone else. NRH relies on documentation from verifying professionals to ensure that Special Priority is only given to those who truly qualify.

To qualify, applicants must:

- be eligible for rent-geared-to-income assistance, and
- intend to permanently live apart from the abuser, and
- provide documents confirming that they or someone in their household have been abused by someone who lives with them or by their immigration sponsor

Special Priority applications must include:

- a Verification of Abuse form completed by a qualified professional as listed on the form, AND
- a letter from the qualified professional describing the indicators of abuse applicable to the applicant's situation, AND
- proof that the applicant and abuser lived together (copy of lease, rental agreement, utility bills, etc)

The following professionals can provide verification of abuse:

- Doctor
- Member of the Clergy
- An individual in a managerial or administrative position with a housing provider
- Community service worker including: community health care worker, social worker, social service worker, victim services worker, settlement services worker, shelter worker, and community legal worker
- Any service agency or medical care facility
- Lawyer
- Guidance Counsellor
- Teacher
- Registered Nurse
- Law Enforcement Officer
- Registered Practical Nurse

INDICATORS OF ABUSE

The following indicators determine whether the applicant's situation falls within the definition of abuse for the purpose of Special Priority. NRH will decide whether or not the applicant is eligible for Special Priority ranking on the waiting list for affordable housing based on your letter explaining which indicators the applicant has experienced. It is helpful if you can include examples that describe the applicant's situation.

- Intervention by police indicating that the applicant was abused by the abusing individual.
- Physical injury caused to the applicant by the abusing individual.
- Application of force by the abusing individual against the applicant to force the applicant to engage in sexual activity against his or her will.
- One or more attempts to kill the applicant or another member of the household.
- Use of a weapon against the applicant or another member of the household.
- One or more incidents of abuse, including the following:
 - i. Threatening to kill the applicant or another member of the household
 - ii. Threatening to use a weapon against the applicant or another member of the household
 - iii. Threatening to physically harm the applicant or another member of the household
 - iv. Destroying or injuring or threatening to destroy or injure the applicant's property
 - v. Intentionally killing or injuring pets or threatening to kill or injure pets
 - vi. Threatening to harm or remove the applicant's children from the household
 - vii. Threatening to prevent the applicant from having access to his or her children
 - viii. Forcing the applicant to perform degrading or humiliating acts
 - ix. Terrorizing the applicant
 - x. Enforcing social isolation on the applicant
 - xi. Failing to provide or withholding the necessities of life
 - xii. Threatening to withdraw from sponsoring the applicant as an immigrant
 - xiii. Threatening to take action that might lead to the applicant being deported
 - xiv. Other words, actions or gestures that threaten the applicant or lead the applicant to fear for his or her safety
- Undue or unwarranted control by the abusing individual over the applicant's personal or financial activities.
- One or more incidents of stalking or harassing behavior against the applicant or another member of the household.