



SPECIAL PRIORITY STATUS

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, or trafficking of the member done by any individual.

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

- An individual who is related to the member or any other member of the household
- An individual who is or has been in an intimate partner relationship with the member or any other member of the household
- An individual on whom the member or any other member of the household is emotionally, physically or financially dependent
- An individual who is emotionally, physically or financially dependent on the member or any other member of the household
- An individual sponsoring the member or any other member of the household as an immigrant

VERIFYING THERE HAS BEEN ABUSE

The record of abuse, as prepared by an individual who is able to verify abuse, must confirm:

- The name of the abused member;
- A statement by the person preparing the record that they have reasonable grounds to believe that the member is being, or has been abused, by the abusing individual;
- A description of the circumstances that indicate that the member is being, or has been abused;
- Information about the person who prepared the record, including his or her name, occupation and any professional designation;
- The date the record was prepared

SURVIVORS OF HUMAN TRAFFICKING

For survivors of human trafficking, those who are currently being trafficked or those who have exited trafficking within a period of 3 months are eligible to apply for Special Priority.

The record of abuse, as prepared by an individual who is able to verify abuse, must confirm:

- The name of the trafficked member;
- A statement by the person preparing the record that they have reasonable grounds to believe that the member is being, or has been trafficked;
- A description of the circumstances that indicate that the member is being, or has been trafficked;
- Information about the person who prepared the record, including his or her name, occupation and any professional designations;
- The date the record was prepared

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 a 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 the 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 this form and consent to the disclosure of any supporting information requested by NRH to assess my application.
Name of professional professional relationship ie: doctor

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 applicant's situation.

I have reviewed the definition of abuse outlined in this form and in my professional capacity have attached a letter describing 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 status. 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

The following professionals can provide verification of abuse:

- A doctor
- A registered nurse or a registered practical nurse
- A lawyer
- A law enforcement officer
- A minister of religion authorized under provincial law to perform marriages
- A teacher
- A registered early childhood educator
- A guidance counsellor
- An individual in a managerial or administrative position with a housing provider
- An Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper
- A member of the College of Midwives of Ontario
- An aboriginal person who provides traditional midwifery services
- A registered social worker or a registered social service worker
- A psychotherapist, registered psychotherapist or registered mental health therapist