

Mailing Address:

Niagara Region
Housing Services
1815 Sir Isaac Brock Way PO Box 344
Thorold, ON L2V 4T7
niagararegion.ca

905-980-6000 Toll-free: 1-877-263-7215
Fax: 905-935-0476
Email: housing@niagararegion.ca

Please complete and return this form.

Applicant Contact Information

Please **only include** the information that you feel is safe to disclose.

First name:

Last name:

Mailing address:

Unit:

City/Town:

Postal/Zip code:

Email address:

Cell phone number:

Work telephone:

Ext:

Home telephone:

Name of alternate contact:

Telephone number:

Professional's Contact Information

Name:

Position/Title:

Organization:

Address:

City/Town:

Postal/Zip code:

Email address:

Telephone number:

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 applicant's circumstances.

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.

I understand that Niagara Region Housing Services will rely on the information I have provided to assess the applicant's eligibility for Special Priority status.

Signature:

Date (mm/dd/yyyy):

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. Niagara Region Housing Services 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
- Intend to permanently live apart from the abuser
- Provide documents confirming that they or someone in their household have been abused by someone who lives with them or by their immigration sponsor, or have experienced human trafficking

The following professionals can provide verification of abuse:

- Doctor
- Registered nurse or a registered practical nurse
- Lawyer
- Law enforcement officer
- Minister of religion authorized under provincial law to perform marriages
- Teacher
- Registered early childhood educator
- Guidance counsellor
- Individual in a managerial or administrative position with a housing provider
- Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper
- Member of the College of Midwives of Ontario
- Indigenous person who provides traditional midwifery services
- Registered social worker or a registered social service worker
- Psychotherapist, registered psychotherapist or registered mental health therapist

Information For Applicant

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

This form (Request for Special Priority Status) completed by the applicant

The Verification of Abuse section completed by a qualified professional as listed on the form

A letter from a qualified professional describing the abuse

Copies of documents that prove that you are or were living with the abuser (such as: copy of lease, rental agreement, mortgage documents, utility bills, etc). Proof of cohabitation is not required for human trafficking.

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.

Definitions of Special Priority Status

Abuse

For the purpose of Special Priority, abuse means one or more incidents of: physical or sexual violence, controlling behaviour, intentional destruction of or intentional injury to property, 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 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 include:

- 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

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 trafficking, as prepared by an individual who is able to verify trafficking, 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

Declaration of Abuse

Was applicant or someone who lives with them abused? Yes No

What is the name of the person who was abused?

What is the abuser's name?

What is the relationship to the abuser?

Partner/Spouse

Parent

Child

Immigration sponsor

Other (please describe)

If the abuser is an immigration sponsor, attach a copy of immigration papers.

Does applicant live with the abuser now? Yes No

Did applicant ever live with the abuser? Yes No

If applicant no longer lives with the abuser, when did they stop living together?

Date (mm/dd/yyyy):

What is the address of the residence the applicant shared with the abusive person?

Address:

City/Town:

Postal/Zip Code:

Applicant will have to provide proof that they lived together at this address.

Applicant intends to live permanently apart from the abusive person Yes No

Applicant signature:

Date (mm/dd/yyyy):

Declaration of Human Trafficking

Has applicant or someone who lives with applicant experienced human trafficking? Yes No

What is the name of the person who was trafficked?:

Applicant is currently being trafficked: Yes No

Date applicant stopped being trafficked: Date (mm/dd/yyyy):

Applicant signature:

Date (mm/dd/yyyy):

Declaration and Consent to Disclosure

This section must be completed by the person who was abused or trafficked. 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 Region Housing Services will belong to them.

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

I, _____, hereby authorize and consent to the disclosure to Niagara Region Housing Services to information and documents required 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, Niagara Region Housing Services shall not require me to provide that information or document.

Additionally,

I hereby authorize (name of professional) _____, my (professional relationship ie: doctor) _____, to complete this form and consent to the disclosure of any supporting information requested by Niagara Region Housing Services to assess my application.

Applicant signature: _____

Date (mm/dd/yyyy): _____

Office Use Only

Approved

Denied

Date (mm/dd/yyyy): _____

Staff initials: _____

Any personal information or personal health information submitted will be collected, used and disclosed, where applicable, by members of Regional staff in accordance with the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act. Any information you share will be used only for the intended purpose for which it was provided.