

## SPECIAL PRIORITY APPLICATION PACKAGE

### Information Sheet

#### What is Special Priority Status?

The **Housing Services Act, 2011 (HSA), 2011 O. Reg. 367/11, Sec 52-58** gives priority to social housing applicants whose personal safety, or whose family's safety is at risk because of abuse by an individual. This special priority is to enable the applicant household to separate permanently from the abuser.

#### Who is Eligible for Special Priority Status?

To qualify for special priority status, you must first be eligible for Rent-Geared-to-Income (RGI) assistance. If eligible, you may be given special priority status (i.e. moved to a higher place on the centralized waiting list) if:

- You are currently living with someone who is abusing you or another person in your household.
- You lived with someone who was abusing you or another person in your household and stopped living with them in the last (3) three months. In some circumstances, you may still be considered for Special Priority status if you separated longer than three months.
- You are a sponsored immigrant, and your sponsor is abusing you or another person in your household.
- You are currently being trafficked or have exited trafficking in the last (3) three months.
- You intend to live permanently apart from the abusing individual.

#### How to Apply for Special Priority Status

To apply for special priority status, both parts of the application must be completed.

- Part A - Declaration of Abuse (to be completed by applicant)
- Part B - Verification Record (to be completed by a professional who knows the applicant)

This application must be completed in addition to the Social Housing Application (RGI).

#### Definition of Abuse – Housing Services Act, 2011 O. Reg. 367/11

In the Special Priority Regulation, abuse includes one or more incidents of any of the following:

- (a) physical or sexual violence,
- (b) controlling behaviour, or
- (c) intentional destruction of or intentional injury to property, or
- (d) words, actions or gestures that threaten an individual to fear for his or her safety; or
- (e) trafficking of the member done by any individual;

**For the purposes 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 is emotionally, physically or financially dependent.**

**The following indicators determine whether the applicant's situation falls within the definition of abuse for the purpose of Special Priority. The Registry will decide whether or not the applicant is eligible for Special Priority based on the information provided.**

1. A record of intervention by the police indicating that the member was abused by the abusing individual.
2. A record of physical injury caused to the member by the abusing individual.
3. A record of the application of force by the abusing individual against the member to force the member to engage in sexual activity against his or her will.
4. A record of one or more attempts to kill the member or another member of the household.
5. A record of the use of a weapon against the member or another member of the household.
6. A record of one or more incidents of abuse, including the following:
  - Threatening to kill the member or another member of the household.
  - Threatening to use a weapon against the member or another member of the household.
  - Threatening to physically harm the member or another member of the household.
  - Destroying or injuring or threatening to destroy or injure the member's property.
  - Intentionally killing or injuring pets or threatening to kill or injure pets.
  - Threatening to harm or remove the member's children from the household.
  - Threatening to prevent the member from having access to his or her children.
  - Forcing the member to perform degrading or humiliating acts.
  - Terrorizing the member.
  - Enforcing social isolation upon the member.
  - Failing to provide or withholding the necessities of life.
  - Threatening to withdraw from sponsoring the member as an immigrant.
  - Threatening to take action that might lead to the member being deported.
  - Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
7. A record of undue or unwarranted control by the abusing individual over the member's personal or financial activities.
8. A record of one or more incidents of stalking or harassing behaviour against the member or another member of the household.
9. Trafficking of the member done by an individual.

**SPECIAL PRIORITY STATUS – Declaration of abuse**  
**(To be completed by the Applicant)**

**PART A**

**Applicant Information**

Name: \_\_\_\_\_  
Current address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Is it safe to send mail to this address?  Yes  No\*  
Telephone #: \_\_\_\_\_ Is it safe to leave a message?  Yes  No\*  
What is the best time to reach you?  Morning  Afternoon  Anytime  
E-mail address: \_\_\_\_\_

\*If no, please provide safe alternative contact information below.

**Alternate Contact**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Can we contact your alternate if we are unable to reach you?  Yes  No

**Applicant Declaration**

<b>I am or was</b> subject to abuse from an individual in the household. ....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of abuser: _____ Relationship: _____	
<b>I am or have</b> lived with the abusive individual in the last (3) three months.....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I have never</b> lived with the abusive individual.....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I am</b> currently in a shelter or other safe place.....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I intend</b> to live permanently apart from the abusive individual.....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I am</b> over the age of 16. ....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I have</b> attached Part B (Verification Record) and a letter of support.....>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I have</b> attached proof that I am or was living with the abusive individual in the > last (3) three months at the following address: _____ _____ City _____ Province _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(E.g. Both names must appear on one or more of the following documents: lease, rent receipts, utility bill, OW/ODSP stub, bank statement, income tax.)</i>	
<b>If you</b> no longer live with the abuser, when did you stop living together? Day: _____ Month: _____ Year: _____	

**If you** have not lived with this person in the last (3) three months, please indicate why you have not applied for Special Priority Status until now: \_\_\_\_\_  
\_\_\_\_\_

I request Special Priority on the waiting list for rent-geared-to-income (RGI) assistance.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Canada Ontario Housing Benefit (COHB) provides monthly portable housing benefits to eligible applicants who choose to participate in the program rather than remain on a social housing wait list.

The program will deliver outcomes to recipients over the immediate, short, intermediate and long term including:

- Receiving housing assistance more quickly than households in the SPP category who are waiting for RGI assistance;
- Having more choice of suitable housing (types, quality, locations, etc.);
- Having a reduced rent burden (lower percentage of income spent on shelter costs);
- Being less likely to return to an emergency shelter;
- Improved household financial well-being; and
- Improved quality of life.

If you are interested, please ask staff for further details on the application process.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for Collection, Use and Disclosure of Personal Information**

#### **Collection of Personal Information**

The City of Cornwall Housing Programs will collect, retain and use the personal information provided by me for the following purposes:

- To determine my initial and ongoing qualification for Special Priority or any other Housing subsidy.
- To determine the amount of assistance I am eligible for.

#### **Disclosure of Personal Information**

The City of Cornwall Housing Programs will disclose personal information provided by me to the following parties for the purposes described above:

- To any social agency providing any form of assistance to me, or other government subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Act, 1997* or the *Child Care and Early Years, 2014* or any government department responsible for social housing programs under the *Housing Services Act, 2011*;
- To the Government of Canada, a department, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To relevant parties as it relates to this request including but not limited to:
  - Cornwall Community Police Service / OPP
  - Victim's Services or Victim Witness Assistance Program
  - Children's Aid Society
  - Other \_\_\_\_\_ Other \_\_\_\_\_

**Consent**

I \_\_\_\_\_ of \_\_\_\_\_  
 (Print Name) (Address)

**Authorize** and agree that the City of Cornwall Housing Programs may collect, use and disclose the personal information that I have provided in this application.

**Consent** to the destruction of the Verification Record and all supporting documentation if I become ineligible for RGI assistance or become housed.

**Consent** to the disclosure to the City of Cornwall, 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.

**Understand** and acknowledge that, in addition to the foregoing, the City of Cornwall Housing Programs will also collect, use and disclose my personal information as required or permitted by law.

**Understand** that the designation of Special Priority Status may be removed if I am requesting the addition of the abusive individual to my application for rent-geared-to-income; the abusing individual is deceased, or I accept another offer of rent-geared-to-income assistance any where in Ontario.

**Affirm** that all information given in this application is correct and complete.

Applicant signature: _____	Date: _____
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OFFICE USE ONLY	
<input type="checkbox"/> Approved  <input type="checkbox"/> Denied	Staff Signature: _____  Date: _____

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**SPECIAL PRIORITY STATUS – Verification Record**  
 (To be completed by a professional who knows the Applicant  
 and can confirm their Declaration of Abuse.)

**PART B**

Name of Special Priority Applicant:

Name of Person Completing Verification Record:

Organization:

Address:

Phone 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"/> Community Health Care Worker |
| <input type="checkbox"/> Lawyer                   | <input type="checkbox"/> Member of the Clergy             | <input type="checkbox"/> Settlement services worker   |
| <input type="checkbox"/> Teacher                  | <input type="checkbox"/> Guidance Counsellor              | <input type="checkbox"/> Community Legal Worker       |
| <input type="checkbox"/> Registered Nurse/RPN     | <input type="checkbox"/> Social Housing Provider          | <input type="checkbox"/> Registered ECE               |
| <input type="checkbox"/> Registered Social Worker | <input type="checkbox"/> Registered Social Service Worker | <input type="checkbox"/> Victim Services Worker       |
| <input type="checkbox"/> Shelter Worker           | <input type="checkbox"/> Psychotherapist                  | <input type="checkbox"/> Indigenous Elder             |

**OR**

I **DECLARE** that I **am not working in one of the above roles**, but 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 I have knowledge that:**

the abuser has made one or more attempts to kill the applicant or another member of the household

the abuser has used a weapon against the member or another member of the household

the abuser has physically injured the applicant

the abuser has forced the applicant to engage in sexual activity against his or her will

the abuser has forced the applicant to perform degrading or humiliating acts

the abuser has failed to provide or has withheld the necessities of life

the abuser has threatened to kill the applicant or another member of the household

the abuser has threatened to use a weapon against the applicant or another member of the household

the abuser has threatened to physically harm the applicant or another member of the household

**Please complete BOTH sides →**

<input type="checkbox"/> the abuser has destroyed or injured the applicant's property or threatened to destroy or injure the applicant's property	
<input type="checkbox"/> the abuser has intentionally killed or injured pets or threatened to intentionally kill or injure pets	
<input type="checkbox"/> the abuser has threatened to harm or remove the applicant's children from the household	
<input type="checkbox"/> the abuser has threatened to prevent the applicant from having access to their children	
<input type="checkbox"/> the abuser has threatened to withdraw their immigration sponsorship	
<input type="checkbox"/> the abuser has threatened to have the applicant deported	
<input type="checkbox"/> the abuser has enforced social isolation upon the applicant	
<input type="checkbox"/> the abuser has terrorized the applicant	
<input type="checkbox"/> the abuser has stalked or harassed the applicant or another member of the household	
<input type="checkbox"/> the abuser has undue or unwarranted control over the applicant's daily personal or financial activities	
<input type="checkbox"/> there has been police intervention as a result of the abuse	
<input type="checkbox"/> there has been human trafficking	
<b>(a)</b> The abuser has otherwise threatened the applicant by doing (please state):	
<b>(b)</b> The abuser has led the applicant to fear for his or her safety by doing (please state):	
<b>(c) I have ATTACHED as VERIFICATION:</b>	
<input type="checkbox"/> a letter supporting the above noted statements (mandatory for anyone completing this verification record)	
<input type="checkbox"/> 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).	
<b>I DECLARE</b> that the information that I have provided in this form and any supporting documentation is an accurate account of the applicant's situation.	
<b>SIGNATURE</b> of person completing this Verification Record:	Date: