



## Applying for SPECIAL PRIORITY STATUS

This Application package and Verification Declaration must be sent with the application for Rent Geared to Income (RGI) Housing.

### ***What is Special Priority Status?***

Special Priority status may be given to a household where:

- a member of the household has been subject to abuse from another individual;
  - the abusing individual is or was living with the member or is sponsoring the member as an immigrant; (within the last three (3) months, unless there are extenuating circumstances) AND
  - the abused member intends to live permanently apart from the abusing individual.
- \* The Housing Department will require proof you lived with the abuser such as rent receipts, utility bills, OW or ODSP benefit card, joint bank account, income tax, apartment/house/car insurance etc.

### ***What do you mean by abuse?***

When you apply for Special Priority status you will be required to provide a record to verify your situation that indicates that you or a member of your household has been subject to abuse.

The indicators of abuse are outlined in the Social Housing Reform Act and are listed on page 5 of this package.

### ***Where do I get this record?***

Your application for Special Priority must be in writing with documentation from a community professional that supports your statement. This person should have knowledge of your situation and will need to complete page 4 of this package. The people who can supply this information are listed on page 6.

### ***Where can I get help right away?***

Domestic abuse is a very sensitive issue. Shelters in the area offer confidential counselling and support to women and men in abusive situations.

**\*\* YOU DO NOT HAVE TO MOVE INTO THE SHELTER TO RECEIVE THIS SUPPORT\*\***

Nova Vita Domestic Violence Prevention Services (519) 752-4357 (519) 752-2403 (TTY only)

Ganohkwasra Family Assault Support Services – Oshweken (519) 445-4324

Sexual Assault Centre of Brant (Crisis Line) (519) 751-3471

Assaulted Women's Helpline 1-866-863-0511 1-866-863-7868 (TTY only)

**If you wish to apply for Special Priority status, please complete all sections below and attach a VERIFICATION DECLARATION completed by a community professional. These forms must accompany your application for RGI housing subsidy.**

Name of Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Contact Information: how would you like to receive communication about this request?

By mail at this address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

By Phone at this number: ( ) \_\_\_\_\_ ask for \_\_\_\_\_

Other, please specify \_\_\_\_\_

**Please indicate the reason(s) for requesting Special Priority status**

Myself/another member of my household is/are being abused by a member of the household.

Myself/another household member was being abused by a member of the household from whom we have separated within the last three (3) months. Date separated \_\_\_\_\_.

Myself or another member of the household is being sponsored as an immigrant by the abusing individual.

**Declaration of Intent to Permanently Separate**

I, \_\_\_\_\_ declare that it is my intention to permanently separate from \_\_\_\_\_, who is the abusing member of the household.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Consent to the Sharing of Information and/or Documentation**

I, \_\_\_\_\_ consent to the sharing of all information or documentation relating to my request for Special Priority status with The City of Brantford's Housing Department staff for the purpose of verifying the information and or documentation provided, to determine my eligibility for Special Priority status.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I have enclosed proof of cohabitation such as rent receipt, utility bill, etc.



## **SPECIAL PRIORITY STATUS--VERIFICATION**

**please give these pages to the community professional who is verifying your situation**

The Social Housing Reform Act's Special Priority Policy for applicants who are abused gives priority access to subsidized housing to applicants whose personal safety, or whose household's safety is at risk because of abuse by a partner/spouse or other household member with whom they live or have lived. This special priority helps the applicant or household member to separate permanently from the abuser. Due to the urgency of the situation, the application is processed as quickly as possible.

The supply of subsidized housing in Brantford and Brant County is very limited. This community has a long waiting list of families and individuals in serious need of subsidized (RGI) housing. For many sites, applicants wait years to be offered housing.

***Special Priority Status allows applicants to move ahead of other applicants on the waiting list for housing. Verifiers and housing staff must ensure that this Special Priority is reserved for those who truly need it.***

This policy does not apply to applicants who simply want to separate from their partner because their relationship is not working.

### **Verification Process**

An applicant for Special Priority status must have their situation verified by a community professional (listed on page 6). Special Priority status is for individuals whose situation corresponds to the definition of abuse and indicators of abuse listed on page 5.

Special Priority status is assigned once eligibility has been determined, and the abuse has been verified by a community professional who is assisting, or providing services to the applicant and is knowledgeable about the applicant's situation of abuse. The confidentiality of your report will be retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and the Social Housing Reform Act.

A verifier must submit:

- 1) A completed Verification Declaration form, and
- 2) A letter of Verification.

***A Verification Declaration form has been attached for the person verifying the abuse to complete. If the verifier has any questions or concerns please call the Applicant Services Co-ordinator at 759-3330 ext .6250 or ext. 6291.***



# SPECIAL PRIORITY STATUS VERIFICATION DECLARATION

**To be completed by the professional verifying the abuse**

(Please use additional pages if necessary)

Name: \_\_\_\_\_ Position \_\_\_\_\_

Organization: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Birthdate \_\_\_\_\_

- I have reviewed the information about the Verification Process and Indicators of Abuse necessary to access subsidized housing under the Special Priority status for applicants who are abused. The applicant named above to whom I have provided services/ assistance and whose experience of abuse I am aware of, should be given Special Priority status.
- I am aware of my responsibilities in providing verification and information and declare that the information I am providing is a true and accurate account of the applicant's situation.

## Knowledge of situation

- A. The following statement summarizes my professional knowledge of abuse as experienced by the applicant or household member named above, as I know it. Where possible make reference to "Indicators of Abuse" (page 5) and living situation between applicant and abuser i.e. when they lived together.

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- OR
- B. The attached letter summarizes my professional knowledge of the abused experienced by the applicant named above, as I know it. (Where possible make reference to "Indicators of Abuse" (page 5) and living situation between applicant or household member and abuser i.e. past (when), current).

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ***Indicators of abuse include:***

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:
  - i. Threatening to kill the member or another member of the household.
  - ii. Threatening to use a weapon against the member or another member of the household.
  - iii. Threatening to physically harm the member or another member of the household.
  - iv. Destroying or injuring or threatening to destroy or injure the member's property.
  - v. Intentionally killing or injuring pets or threatening to kill or injure pets.
  - vi. Threatening to harm or remove the member's children from the household.
  - vii. Threatening to prevent the member from having access to his or her children.
  - viii. Forcing the member to perform degrading or humiliating acts.
  - ix. Terrorizing the member.
  - x. Enforcing social isolation upon the member.
  - xi. Failing to provide or withholding the necessities of life.
  - xii. Threatening to withdraw from sponsoring the member as an immigrant.
  - xiii. Threatening to take action that might lead to the member being deported.
  - xiv. 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.

# ***Who can Verify the Abuse?***

- A doctor.
- A registered nurse or a registered practical nurse.
- A lawyer.
- A law enforcement officer.
- A member of the clergy.
- A teacher.
- A guidance counsellor.
- An individual in a managerial or administrative position with a housing provider.
  
- A community services worker, including:
  - a community health care worker,
  - a social worker,
  - a social service worker,
  - a victim services worker,
  - a settlement services worker,
  - a shelter worker, and
  - a community legal worker.
  
- Any other individual who knows about the abuse.