

Who Qualifies for HOMELESS Status?

HOUSING & HOMELESSNESS COMMUNITY SERVICES & SOCIAL DEVELOPMENT

58 Dalhousie Street, Brantford - Office P. O. Box 818, Brantford, ON N3T 5R7 Telephone 519-759-4150

Email housingapplications@brantford.ca

Individuals or families that are considered "homeless" are allowed a Homeless priority status. This means that individuals or families receive priority for <u>one-in-ten vacancies on the waiting list</u>, if the unit is of the appropriate size for the individual or family.

When the applicant's name comes up for one of these units, they will be <u>reassessed</u> to determine if they are still considered homeless.

What is the definition of homeless?

For the purposes of allowing Homeless individuals and families priority to social housing in the City of Brantford and the County of Brant, the term "homeless" includes:

- 1. Person living on the street (no shelter)
- 2. Person living in a motel
- 3. Person living in substandard housing that has been condemned by the City
- 4. Person using the emergency shelter system as their primary residence
- 5. Person whose housing has recently been destroyed by fire or natural disaster
- 6. Person living with family or friends on a temporary basis for less than six months
- 7. Person awaiting release from hospital or other time-limited treatment facility who cannot return to their former place of residence due to the modifications required to the home.

Verifying the applicant's situation

Because Homeless status allows the applicant to move ahead of other applicants on the waiting list for housing, the Housing Department must ensure that this status is reserved for those who truly need it. In order to assess the applicant's request for Homeless status, <u>written verification</u> of the applicant's situation is required from someone who is not a member of the household, but has knowledge of the applicant's homeless situation.

Other places to go to help find housing

Salvation Army Housing Resource Centre, 187 Dalhousie Street, 519-802-4332 or https://hrc.esalvationarmy.ca Cornerstone (Youth Resource Centre), 331 Dalhousie Street, 519-759-1290 or 519-758-9644 Salvation Army Booth Centre (men), 187 Dalhousie Street, 519-753-4193 Nova Vita (women and children), 59 North Park Street 519-752-4357

Please contact the Applicant Services Coordinator if you have any questions or concerns about qualifying for Homeless status as a homeless individual or family, at 759-4150 or email housingapplications@brantford.ca

Brantford Access To Housing

Verification for Homeless Status

HOUSING & HOMELESSNESS - COMMUNITY SERVICES & SOCIAL DEVELOPMENT

58 Dalhousie Street, Brantford - Office P. O. Box 818, Brantford, ON N3T 5R7 Phone 519-759-3330 Email housingapplications@brantford.ca

Applicant's Full Name:			Applicant's Date of Birth (dd/mm/yy):					
Name of Person completing this form:	Job Title/Position:			Organization:				
Organization's Address:		Organization's Telephone No		Organization's Email:				
APPLICANT CONSENT								
I,, hereby request Homeless status and authorize and con sent to the completion of this form and its submission to the City of Brantford Housing Services Department and to the disclosure to the City of Brantford of any additional information it may request to clarify the information on this form.								
Applicant Da		 Date	ate					
WHO CAN VERIFY YOUR SITU	JATIO	ON						
The following professionals can verify your situation:								
 Doctor; Lawyer; Teacher; Law Enforcement Officer; Member of Clergy; Guidance Counsellor; Registered Nurse; An individual in a managerial or administrative position with a housing provider Community service worker including: community health case worker, social worker, social service worker, victim services worker, settlement services worker, shelter worker, Housing Resource Center (HRC) Representative and community legal worker Any service agency or medical care facility YOUR CONTACT INFORMATION								
Please tell us where you would prefer to be contacted:								
Primary Phone #		Alternate	Phone	e #				
Mailing Address:								

Name:	Position/Title:						
Organization:		Email:					
The applicant is living in a motel or on t	☐ YES	□ NO					
The applicant will be homeless within 3							
Please attach the Notice to Vacate / Ev	□ YES	□ NO					
The applicant is living in substandard he of Brantford.	□ YES	□ NO					
The applicant's accommodation has rec	☐ YES	□ NO					
The applicant is awaiting release from he cannot return to their former place of rehome.	□ YES	□ NO					
The applicant is using the emergency s IF YES, name of shelter/agency:_	□ YES	□ NO					
The applicant is living with family or friend IF YES, date when the applicant n	□ YES	□ NO					
Professionals providing verification mus							
I have reviewed the eligibility criteria for capacity am eligible to verify the applications.	☐ YES	□ NO					
I declare that to the best of my knowled accurate account of the applicant's situ	□ YES	□ NO					
I understand that the City of Brantford I information I have provided to assess the status	□ YES	□ NO					
Professional's Signature: Dat			Date (dd/mm/yy):				

TO BE COMPLETED BY VERIFIER

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.

The information will be used to determine eligibility for homeless status.