



**HOUSING & HOMELESSNESS – COMMUNITY SERVICES & SOCIAL  
DEVELOPMENT**

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**SPECIAL PRIORITY STATUS – DEFINITIONS OF ABUSE**

For the purposes of Special Priority, abuse means:

One or more incidents of: physical or sexual violence, controlling behaviour, 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.

Households can temporarily remove their application form from the centralized waitlist for up to 1 year for the purposes of continuing to live with, or returning to live with, the abusing individual. A household can only leverage this provision once.

This section has been amended to require that 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.

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.

**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 SPP. A household can only apply for SPP under one stream.

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- The date the record was prepared

## INDICATORS OF ABUSE

The following indicators determine whether the applicant's situation falls within the definition of abuse for the purpose of Special Priority. The City of Brantford will decide whether or not the applicant is eligible for Special Priority ranking on the waiting list for affordable housing based on your letter explaining which indicators the applicant has experienced. It is helpful if you can include examples that describe the applicant's situation.

- Intervention by police indicating that the applicant was abused by the abusing individual;
- Survivors of Human Trafficking;
- Physical injury caused to the applicant by the abusing individual;
- Application of force by the abusing individual against the applicant to force the applicant to engage in sexual activity against his or her will;
- One or more attempts to kill the applicant or another member of the household;
- Use of a weapon against the applicant or another member of the household;
- One or more incidents of abuse, including the following:
  - Threatening to kill the applicant or another member of the household;
  - Threatening to use a weapon against the applicant or another member of the household;
  - Threatening to physically harm the applicant or another member of the household;
  - Destroying or injuring or threatening to destroy or injure the applicant's property;
  - Intentionally killing or injuring pets or threatening to kill or injure pets;
  - Threatening to harm or remove the applicant's children from the household;
  - Threatening to prevent the applicant from having access to his or her children;
  - Forcing the applicant to perform degrading or humiliating acts;
  - Enforcing social isolation on the applicant; terrorizing the applicant;
  - Failing to provide or withholding the necessities of life;
  - Threatening to withdraw from sponsoring the applicant as an immigrant;
  - Threatening to take action that might lead to the applicant being deported;
- Other words, actions or gestures that threaten the applicant or lead the applicant to fear for his or her safety;
- Undue or unwarranted control by the abusing individual over the applicant's personal or financial activities;
- One or more incidents of stalking or harassing behaviour against the applicant or another member of the household.

## 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 the qualified professional describing the abuse, AND
- ✓ Copies of documents that prove that you are or were living with the abuser (i.e., 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 your qualified professional must explain the ongoing risk.

## DECLARATION OF ABUSE

Were you or someone who lives with you 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? *(If the abuser is an immigration sponsor, please attach a copy of your immigration papers)*

☐ Partner/Spouse

☐ Parent

☐ Child

☐ Immigration Sponsor

☐ Other (please describe): \_\_\_\_\_

Do you live with the abuser now?

☐ Yes ☐ No

Did you ever live with the abuser?

☐ Yes ☐ 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? *(You will have to provide proof that you lived together at this address)*

Street Address:

Unit #

City:

Province:

Postal Code:

I intend to live permanently apart from the abusive person

☐ Yes ☐ No

\_\_\_\_\_  
Signature of Abused Person

## YOUR CONTACT INFORMATION – SAFE INFORMATION ONLY

Name:

Cell #

Home Telephone #

Can we call you at home?

☐ Yes ☐ No

Work Telephone # & Extension #

Can we call you at work?

☐ Yes ☐ No

Please provide a safe mailing address below:

Street Address:

Unit #

City:

Province:

Postal Code:

Name of Alternate Contact:

Telephone #

Cell #

## DECLARATION AND CONSENT TO DISCLOSE

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 given to the City of Brantford will belong to them.

In situations where the applicant will be seeking Ontario Works, the applicant will allow the City of Brantford to advise Ontario Works that their request for Special Priority has been approved.

I, \_\_\_\_\_, hereby authorize and consent to the disclosure to the City of Brantford of information and documents required by the City of Brantford 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, the City of Brantford shall not require me to provide that information or document.

ADDITIONALLY,

I hereby authorize \_\_\_\_\_, my \_\_\_\_\_  
*Name of Professional professional relationship*

to complete this form and consent to the disclosure of any supporting information requested by the City of Brantford to assess my application.

\_\_\_\_\_  
Applicant Signature (or person authorized  
to sign on their behalf)

\_\_\_\_\_  
Date

## VERIFICATION OF ABUSE SECTION FOR PROFESSIONALS – PROFESSIONAL INFORMATION & DECLARATION

Name:		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 indicators of abuse that apply to the applicant's situation or for Survivors of Human Trafficking.**

I have reviewed the definition and indicators of abuse outlined in this form and in my professional capacity have attached a letter describing the indicators of abuse applicable to the applicant's circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the City of Brantford will rely on the information I have provided to assess the applicant's eligibility for Special Priority.	<input type="checkbox"/> Yes <input type="checkbox"/> 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. The City of Brantford 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:

Doctor; Lawyer; Teacher; Law Enforcement Officer; Member of the Clergy; Guidance Counsellor; Registered Nurse or Registered Practical Nurse; An individual in a managerial or administrative position with a housing provider; Community service worker including – community health care worker, social worker, social service worker, victim services worker, settlement service worker, shelter worker, and community legal worker; Any service agency or medical care facility, Registered Early Childhood Education; an Indigenous Elder, Indigenous Traditional Person; or Indigenous Knowledge Keeper; Member of the College of Midwives of Ontario; An aboriginal person provides traditional midwifery services; a Psychotherapist, Registered Psychotherapist or Registered mental health Therapist; Registered Social Worker; Registered Social Service Worker or a person employed by an agency or organization that provides social support services in the community.

### OFFICE USE ONLY

☐ Approved ☐ Denied Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

*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 kept confidential and used only for the purpose of assessing eligibility for Special Priority Status.*