



**Brantford Access
To Housing**

Who Qualifies for HOMELESS Status?

CITY OF BRANTFORD HOUSING DEPARTMENT
220 Colborne Street, Brantford – Office
P. O. Box 845, Brantford, ON N3T 5R7
Telephone (519)759-3330 Fax (519)759-1750

Individuals or families that are considered “homeless” are allowed a Homeless priority status. This means that individuals or families receive priority for one-in-ten vacancies on the waiting list, 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 reassessed 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, written verification 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

Housing Resource Centre, 220 Colborne Street, 759-3330 - 8:30 to 4:30 Mon.-Fri.

Youth Resource Centre, 331 Dalhousie Street, 759-1290 or 758-9644

Salvation Army Booth Centre (men), 187 Dalhousie Street, 753-4193

Nova Vita (women and children), 59 North Park Street 752-4357

Please contact the Applicant Services Co-ordinator if you have any questions or concerns about qualifying for Homeless status as a homeless individual or family, at 759-3330 ext. 6250



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Applicant's Full Name		Applicant's Date of Birth	
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 consent 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

Date

WHO CAN VERIFY YOUR SITUATION

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 #

Mailing Address:

TO BE COMPLETED BY VERIFIER

Name:	Position/Title:
Organization:	Phone Number:
<p>The applicant is living on the street (no shelter)</p> <p>The applicant is living in a motel</p> <p>The applicant is living in substandard housing which has been condemned by the City of Brantford</p> <p>The applicant's accommodation has recently been destroyed by fire or natural disaster</p> <p>The applicant is awaiting release from hospital or other time-limited treatment facility and cannot return to their former place of residence due to the modifications required to the home</p> <p>The applicant is using the emergency shelter system as their primary residence</p> <p style="text-align: center;">Name of shelter/agency: _____</p> <p>The applicant is living with family or friends on a temporary basis (less than 6 months)</p> <p style="text-align: center;">If yes, when did the applicant move in: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Professionals providing verification must answer all of the following statements:	
I have reviewed the eligibility criteria for Homeless status and in my professional capacity am eligible to verify the applicant's situation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I declare that to the best of my knowledge, the information I have provided is an accurate account of the applicant's situation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the City of Brantford Housing Department will rely on the information I have provided to assess the applicant's eligibility for Homeless status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Signature:	Date:

OFFICE USE ONLY

Approved Denied Date: _____ Staff Signature: _____