



Request for Homeless Priority

Housing & Homelessness Services
Community Services & Social Development
Office: 58 Dalhousie St., Brantford
Mailing Address:
P.O. Box 818, Brantford, ON N3T 5R7
Telephone: 519-759-4150 ext. 6331
Email: housingapplications@brantford.ca

Individuals or families that are considered “homeless” are allowed to apply for a Homeless Priority Status. When the applicant receives an offer, they will be reassessed to determine if they are still eligible for the homeless priority

Homeless Priority Eligibility

The homeless priority allows homeless individuals and families, priority to social housing in the City of Brantford and the County of Brant.

The term “homeless” includes:

- Person living on the street (no shelter)
- Person living in a motel
- Person who will be homeless within 30 days (Notice to Vacate required)
- Person living in substandard housing that has been condemned by the City of Brantford
- Person whose housing has recently been destroyed by fire or natural disaster
- 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
- Person using the emergency shelter system as their primary residence
- Person living with family or friends on a temporary basis for less than six months

Applicant's Full Name:	Applicant's Date of Birth (dd/mm/yy):
Mailing Address:	Primary Phone Number:
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	
Signature	Date



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TO BE COMPLETED BY VERIFIER

A Verifier is a person who has a professional relationship with the applicant, including, but not limited to a:

- 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
- Community Health Case Worker
- Social Worker or Social Services Worker
- Victim Services Worker
- Settlement Services Worker
- Shelter Worker
- Housing Resource Center Representative
- Community Legal Worker

The applicant is living in a motel or on the street (no shelter)		☐ YES	☐ NO
The applicant will be homeless within 30-days; date (dd/mm/yy) _____ Please attach the Notice to Vacate / Eviction order (required)		☐ YES	☐ NO
The applicant is living in substandard housing which has been condemned by the City of Brantford		☐ YES	☐ NO
The applicant's accommodation has recently been destroyed by fire or natural disaster		☐ YES	☐ NO
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		☐ YES	☐ NO
The applicant is using the emergency shelter system as their primary residence IF YES , name of shelter/agency: _____		☐ YES	☐ NO
The applicant is living with family or friends on a temporary basis (less than 6 months) IF YES , date when the applicant moved in (dd/mm/yy): _____		☐ YES	☐ NO
Name:		Position/Title:	
Organization:	Phone Number:	Email:	
Professional's Signature:		Date (dd/mm/yy):	

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.