

Special Priority Request

For victims of Domestic violence or victims of Human Trafficking

What is Special Priority Status (SPP)?

The *Housing Services Act 2011* gives priority to social housing applicants whose personal safety, or whose family's safety is at risk because of an individual with whom they live. This allows the applicant to separate permanently from the abuser. It is also given to victims of Human Trafficking. **To request SPP you must prove the following;**

1. **The fact that the abuse took place** - provide a letter of support / verification or police record of the abuse having taken place (this supporting letter must be provided by someone in one of the following occupations as defined under the HSA 2011 – O. Reg., 367/11 – see chart attached)
Don't forget to sign the Consent for Early Destruction of Verification letter attached
2. **The fact that you are living with, or sponsored as an immigrant by the abuser OR** if the household is no longer living with the abuser, the application for special priority status must be made within 3 months of separation from the abuser. **Does not apply to victims of Human Trafficking**

How to prove:

- a. Ontario Works or Ontario Disability cheque stub with both names
 - b. A lease / rental agreement with both names on and signed by the landlord
 - c. Insurance / mortgage documents with both names on
3. **The fact** that you intend to live **permanently apart** from the abuser

How to prove: Make sure you complete: the attached document – signed, witnessed and dated - by doing so you are stating that you plan to live permanently apart from the abuser

4. **Sign consent** below to allow the disclosure of information and documents so that the service manager is able to verify the information

Declaration and Consent

I _____ (print name) understand that I am applying for Special Priority Status. I have read and understand the above information. I verify that the information I am providing is correct.

Signature: _____ Date: _____

PROFESSIONALS PROVIDING VERIFICATION OF ABUSE – INFORMATION

The member of the household who is granted Special Priority ranks ahead of all other applicants on the waiting list for affordable (Rent Geared to Income) housing and are housed much faster than everyone else. Grey County Housing relies on the written verification of abuse from professionals to ensure status is granted to those who qualify.

To qualify, all applicants must have all of the following and include proof of same:

- Be eligible for rent-geared-to-income assistance – determined by application
- Intend to permanently live apart from the abuser – complete attached form
- Prove that the applicant and abuser lived together within the last three months. (provide an acceptable form of proof of cohabitation – Domestic abuse only).
- Provide documents confirming that they or someone in their household have been abused by someone who lives/lived with them in the last three months or by their immigration sponsor or are Victims of Human Trafficking
- A completed Request for Special Priority for Victims of Domestic Violence form with the verification section completed by a qualified professional as listed on the form, AND
- A letter from the qualified professional describing the indicators of abuse applicable to the applicant's situation

The following professionals can provide verification of abuse: Doctor, a Registered Nurse or a Registered Practical Nurse, Lawyer, Law Enforcement Officer, Minister of Religion authorized under provincial law to perform marriages, Teacher, Guidance Counsellor, an individual in a managerial or administrative position with a housing provider, Registered Early Childhood Educator, Indigenous Elder, Indigenous Traditional Person, or Indigenous Knowledge Keeper, member of the College of Midwives of Ontario, an Aboriginal person who provides traditional midwifery services, Psychotherapist, Registered Psychotherapist, or Registered Mental Health Therapist.

For the purpose of Special Priority status, abuse, is characterized by an incident of physical or sexual violence or, words/actions/gestures, which threaten the safety of one's person, children, family or property, against a member of a household by any one of the following persons:

- A person who is related to the member or any other member of the household.
- A person who is, or has been, in an intimate partner relationship with the member or any other member of the household.
- A person on whom the member or any other member of the household is emotionally, physically or financially dependent.
- A person who is emotionally, physically or financially dependent on the member or any other member of the household.
- A person sponsoring the member or any other household member as an immigrant



Housing Department

595 9th Avenue East, Owen Sound ON N4K 3E3
(519) 376-5744 / 1-800-567-GREY / Fax (519) 376-0445

Declaration of Permanent Separation

I am applying for Special Priority Status with Grey County Housing. I understand that Special Priority Status is assigned to victims of domestic abuse and victims of human trafficking. I also understand that in order to qualify for Special Priority applicants must be permanently separating or leaving their abuser / trafficker.

My abuser's / trafficker's name is: _____

I agree to abide by this requirement when applying for Special Priority Status.

Signed: _____ Date: _____

Witness: _____ Date: _____

Special Priority Status (SPP) is only available to victims of domestic violence / human trafficking. Signing this document is voluntary. I understand that this information will become a part of my housing file.

Consent for Early Destruction of Verification Letter Special Priority Policy for Applicants Who Are Abused

- 1) In accordance with regulations made to pursuant to the ***Freedom of Information and Protection of Privacy Act (R.S.O. 1990,c.F.31)***, personal information collected by Grey County Housing for the purpose of accessing rent-geared-to-income housing is maintained in the Housing Provider's files for up to eight years.
- 2) Section 5(1) of Ontario Regulation 460 made under the ***Freedom of Information and Privacy Act***, allows for earlier destruction of personal information if consent is given by the individual to whom the information relates.
- 3) In signing this form, the applicant gives consent for the destruction of the ***Letter of Verification*** which is required to determine eligibility for public housing under the Special Priority Policy for Applicants who are abused.
- 4) Destruction of the **Letter of Verification** is to occur upon:
 - The applicant taking possession of a unit of housing; or,
 - The cancellation of the application; or,
 - The placement of the applicant on the regular housing waiting list.

I _____ authorize that the verification letter(s) provided on my behalf to Grey County

Housing to satisfy the requirements for accessing housing under the Special Priority for Applicants who are abused, be destroyed in accordance with paragraph four (4) above.

Signature of Applicant:

Date:



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Verification Declaration

Verification Completed By		Applicant Name	
Name	Position	Organization	
Address		Postal Code	Telephone

- I have reviewed the information about the Verification Process and Indicators of Abuse necessary to access public housing under the Special Priority 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 for public housing.
- I have attached a Verification Letter providing information about the applicant's situation.
- I am aware of my responsibilities in providing verification information and declare that the information that I have provided is an accurate account of the applicant's situation.

Signature		Date	
Name of Supervisor/Director	Signature	Date	

To be Completed by Applicant

1. I, _____ hereby authorize and consent to:
 - a. The completion of this form and its submission to Grey County Housing.
 - b. The release of any additional information and documents required by Grey County Housing to determine that my application be included in the Special Priority category on the centralized waiting list.

Signature	Date	Witness	Date
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For Office Use Only

Priority Status Assigned:				Date Verification Received
<input type="checkbox"/> Yes – Date: _____				
<input type="checkbox"/> No – Reason: _____				
Housing Offered:				
Address	Date	Accepted	Declined	Reason
1.				
2.				
<input type="checkbox"/> Application placed on reg, waitlist – Date _____		<input type="checkbox"/> Application cancelled – Date _____		
Date Verification Letter Destroyed	Completed By		Date	