



London
CANADA

Request for Special Priority

Housing Access Centre (HAC) /Centre d'accès de logement
Citi Plaza | 355 Wellington Road | Suite 24, 2nd Floor | London ON N6A 3N7
Tel: 519 661-0861 | Fax : 519-661-4466
E-mail: hac@london.ca

For office use only

Client number

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Definition of abuse

Abuse is an incident 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.

Definition of an abuser

The abuser is a person's spouse, parent, child or another relative, OR the abused person's immigration sponsor, OR a person on whom the abused person is emotional, physically or financially dependent.

Instructions

Please read carefully before submitting your Request for Special Priority Status.

1. All Applicants must fill out and sign Section 1 and 2 of the application.
2. Section 3 and 4 must be completed and signed by a qualified professional and by a person who has authority to Bind the agency or organization (See a List of Professionals below).

PLEASE NOTE:

3. A letter from a qualified professional must be attached to the application describing the indicators of abuse applicable to the applicant's situation with a second signature by someone who has the authority to Bind the agency or organization (*See the sample letter attached*). All documents from professionals should be original, signed copies on letterhead.
4. Document(s) that prove you are or were living with the abuser must be submitted as well (see below for Proof of cohabitation).

If you have been separated from the abuser for more than six months and you believe that you or someone who lives with you is at risk of further abuse, the letter from your qualified professional and agency or organization must explain the on-going risk.

Proof of cohabitation

Please ensure that documentation for the "verification of co-residency" that you and the person named as the abuser lived at the same residence within the last 6 months is provided as part of your Request for Special Priority Status. One of the following documents (identifying the name and address of the abuser) can be used in combination with evidence that the SPP applicant also resides or resided at that address. Alternatively, an address record is provided with the names of the victim and the abuser. More than one piece of documentation may be required when information is conflicting.

- | | | |
|---------------------------------------|--|-------------------------|
| ✓ Notice of rent increase or decrease | ✓ Credit card statements/utility bills/loan documents | ✓ Land registry records |
| ✓ Ontario Works or ODSP statements | ✓ Employment Insurance statements/documents | ✓ Property taxes |
| ✓ Income Tax Statement/Assessment | ✓ Insurance policy documents and/or premium receipts | ✓ Property deeds |
| ✓ Lease or rental agreement | ✓ Joint assets/RRSP statements/document | ✓ School registration |
| ✓ Mortgage statement/documents | ✓ OSAP statements/documents | ✓ Condominium fees |
| ✓ Subsidized day-care documents | ✓ Ontario Driver's License | ✓ Child Tax Credit |
| ✓ Statement from a Bank | ✓ Rent receipt or letter from the landlord with their name, address and phone number | |

Note: This list is not all-inclusive or exhaustive. It provides a sample of what documents may be accepted by HAC as proof of cohabitation. Other documents may be accepted if (1) it reflects the "same" full address when the client and alleged abuser resided together when the abuse took place, (2) is dated within the time period preceding the date the client's application is submitted to HAC, (3) includes the client and alleged abuser's full names (separate documents may be submitted if the client and abuser did not have joint assets) and (4) it is obtained from an unbiased source. If none of the above documents are available, we will discuss other options with you directly.

List of Professionals providing verification of abuse

The Housing Access Centre (HAC) relies on documentation from verifying professionals to ensure that special priority is only given to those who truly qualify. Examples of professionals are:

- | | | | |
|-----------|------------------------|------------------------------|--|
| ✓ Doctor | ✓ Register | ✓ Registered Practical Nurse | ✓ RA member of College of Midwives ON |
| ✓ Lawyer | ✓ Member of the Clergy | ✓ Guidance Counsellor | ✓ Indigenous Elder, traditional person or knowledge Keeper |
| ✓ Teacher | ✓ Registered Nurse | ✓ Law Enforcement Officer | |
- ✓ An individual in a managerial or administrative position health care with a housing provider services
 - ✓ An aboriginal person who provides traditional midwifery services
 - ✓ Community worker, victim worker, settlement services worker, community legal worker, social worker, social service worker, shelter worker (*for the second signature.*)

Professional Must put on Company Letterhead

{Date}

Housing Access Centre
Citi Plaza, 355 Wellington Street
Suite 248, 2nd Floor
London, ON N6A 3N7

Re: Special Priority – Verification Letter for {Client’s Full Name}

To Housing Services Representative:

Paragraph 1 – please include the nature of the relationship between the client and professional (individual has been my client/patient since..., or client came to the shelter on ...date, etc.)

Paragraph 2 – please state the current or previous connection between the client and the abusive individual (common-law partner, husband, parent, etc.) and identify whether they are still living together and if not, date of separation. Also, include the address and length of time the client and abuser lived in cohabitation.

Paragraph 3 – please include specific indicators of abuse. The indicators should clearly outline the abusive situation. While it is not necessary to have details of each incident, the information should demonstrate how the client’s situation meets the provincial definition of trafficking which is:

“One or more incidents of recruitment, transportation, transfer, harboring or receipt of the member by improper means, including force, abduction, fraud, coercion, deception and repeated provision of a controlled substance, for an illegal purpose, including sexual exploitation or forced labour.”

Paragraph 4 - Please include any other any information that is relevant to the request for housing, such as special needs of children, areas of concern to avoid and any special requests (ie floor level, townhouse only)

{Signature of professional who prepared the record }
{Print full name, position/title}

{Signature by a person who has the authority to bind the agency or organization}
{Print full name, position/title}

FYI: The more information provided the easier it is for HAC to make a decision regarding eligibility. Where the information is lacking the decision may not be a favorable one. If the information is vague it is difficult for HAC to make the distinction.



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Section 1: Applicant Information

The person applying is the applicant

Last name		First name		Middle initial(s)
Home Phone number	Can we call you at home? <input type="radio"/> Yes <input type="radio"/> No	Mobile Phone number	Can we call you on mobile? <input type="radio"/> Yes <input type="radio"/> No	
Work Phone number	Extension #:	Can we call you at work? <input type="radio"/> Yes <input type="radio"/> No		
Apartment/Unit #:	Current address			
City		Province	Postal Code	

If it is not safe to send mail to your address above, please provide a safe alternative contact information below

Last name of the contact		First name of the contact		
Apartment/Unit #:	Current Address			
City		Province	Postal Code	
Phone number of the contact		Mobile number of the contact		
Email Address:				

Declaration of Abuse

Were you or someone who lives with you abused? <input type="radio"/> Yes <input type="radio"/> No	Do you live with the abuser now? <input type="radio"/> Yes <input type="radio"/> No	Did you ever live with the abuser? <input type="radio"/> Yes <input type="radio"/> No	If you no longer live with the abuser, give the date when did you stop living together? _____/_____/_____ Year Month Day
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What is the name of the person who was abused?

What is the name of the abuser?

What is the relationship of the abuser to the person who was abused?
 Partner/Spouse Child Parent
 Canadian Immigration Sponsor (If the abuser is an immigration sponsor, please attached a copy of your immigration papers)
 Other (Please describe in the space below):

What is the address of the residence that you shared with the abusive person?
Apt/Unit #: Street address

City Province Postal Code

I intend to permanently live apart from the abusive person Yes No

Signature of abused person (or a person authorized to sign on their behalf)



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Declaration and Consent to Disclosure

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 is 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 the information I give to the Housing Access Centre (HAC), will belong to the City of London.

I, _____ hereby authorize and consent to the disclosure to HAC of information and documents required by HAC 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, HAC shall not require me to provide that information or document.

Signature of applicant (or a person authorized to sign on behalf of the abused person)

Date

Section 2: Verification of Abuse for Special Priority

Applicant Authorization

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 _____ have applied for special priority status on the City of
(Full name of applicant)

London's rent-geared-to-income assistance (RGI) waiting list.

AND

I, hereby authorize _____, my _____
(Enter the full name of professional) *(professional relationship, e.g. doctor, teacher, lawyer, etc)*

to complete this form and consent to the disclosure of any supporting information requested by the Housing Access Center (HAC) to assess my application.

Signature of applicant (or a person authorized to sign on behalf of the abused person)

Date



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Section 3 – Professionals Information and Declaration

To be filled out by the Professional

The applicant's request for special priority status cannot be considered without this completed section of the form AND the letter from the professional describing the indicators of trafficking that apply to the applicant's situation.

First and Last Name		Relationship to the applicant	
Type/Name of organization		Telephone #:	
Address	City	Province	Postal Code

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 the abuse applicable to the applicant's circumstances. Yes 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. Yes No

I understand that HAC will rely on the information I have provided to assess the applicant's eligibility for special priority. Yes No

Signature of person who prepared the record

Date

Section 4 – Person of Authority

To be filled out by the person who has the authority to Bind the agency or organization

The applicant's request for special priority status cannot be considered without this completed section of the form from the person who has the authority to Bind the agency or organization

First and last name		Position/Title	
Name of organization		Telephone #:	Extension #:
Email			
Address	City	Province	Postal Code

I have reviewed the definition and indicators of abuse outlined in this form and in my professional capacity have read the letter from the professional describing the indicators of the abuse applicable to the applicant's circumstances. Yes No

I declare that to the best of my knowledge, the information that is provided in the attached letter is an accurate account of the applicant's situation. Yes No

Signature of professional

Date



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The Request for Special Priority form and attached documents can be submitted with your basic application for Rent-geared-to-income housing.

Your complete application can be mailed, emailed, or delivered to:

The Corporation of the City of London
Housing Access Centre
Citi Plaza, 355 Wellington Street
Suite 248, 2nd Floor
London, ON N6A 3N7

Email: hac@london.ca

APPLICATIONS WILL NOT BE ACCEPTED BY FAX

Inquiries can be directed to 519-661-0861

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act (2011) Sections 169-176* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, a continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.