

## INFORMATION FOR APPLICANTS

### What is special priority status?

Special priority is intended to support survivors of abuse or human trafficking to permanently separate from their abuser by providing priority access to subsidized housing. Special priority is for applicants whose safety is at risk from domestic abuse or trafficking and does not apply to applicants who want to separate because a relationship is not working or to applicants in a housing crisis.

Applicants approved for special priority status are prioritized according to their application date ahead of all other households on the wait list for subsidized housing.

### Who is eligible for special priority status?

You may be approved for special priority if one of the following applies:

- You are currently living with someone who is abusing you or another person in your household
- You used to live with someone who was abusing you or another person in your household and stopped living with them within the last three months. In limited circumstances, we may consider your application after three months
- You are a sponsored immigrant, and your sponsor is abusing you or another person in your household
- You are currently being trafficked or experienced trafficking within the last three months

### How long will I wait for subsidized housing?

Special priority does not provide emergency housing. Wait times can be long, even if you have special priority status, as you must still wait for a unit or portable benefit to become available. We cannot tell you how long it will take to get housing if you are approved for special priority, as the wait time depends on where you hope to live and the type of unit you need.

### How do I apply for special priority status?

You must provide all of the following:

- Part A: Request for Special Priority Form
- Part B: Proof of Joint Residency (not required for human trafficking or if the abusive individual is your current immigration sponsor)
- Part C: Verification of Abuse or Trafficking Form (to be completed by a qualified professional)
- Record of Abuse or Trafficking as outlined in Part C (to be completed by the same qualified professional)

**THIS FORM IS COMPLETED BY THE PERSON APPLYING FOR SPECIAL PRIORITY STATUS.**

**PART A – REQUEST INFORMATION  
APPLICANT CONTACT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Safe telephone number \_\_\_\_\_ Safe email address \_\_\_\_\_  
Safe mailing address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**ALTERNATIVE CONTACT INFORMATION**

If we cannot reach you, you may miss a housing subsidy offer. Please identify a safe alternative contact. We will only ask they tell you to contact the Region and we will not disclose any information.

The Region may use the alternative contact in my subsidized housing application if I cannot be reached  
OR

New alternative contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I am applying as a survivor of:**

Domestic Abuse (Complete Section 1) \_\_\_\_\_ Human Trafficking (Complete Section 2) \_\_\_\_\_

**SECTION 1 – DOMESTIC ABUSE**

**Name of abusive individual:**

Are you the person who was abused?  Yes  No

If no, are you applying on behalf of a member of your household that was abused?

Yes Name: \_\_\_\_\_

**What is the relationship with the abusive individual?**

Partner/Spouse \_\_\_\_\_ Canadian immigration sponsor \_\_\_\_\_ Child/Parent \_\_\_\_\_

Other (please describe): \_\_\_\_\_

**I declare that I intend to live permanently apart from the abusive individual and that:**

I am currently living with this person

I have not lived with this person since : \_\_\_\_\_ Who moved out? \_\_\_\_\_

I have never lived with this person

**SECTION 2 – HUMAN TRAFFICKING**

Are you the person who was trafficked?

Yes    No

If no, are you applying on behalf of a member of your household that was trafficked?

Yes Name:

**I declare that:**

I am currently being trafficked

I stopped being trafficked on (approximate date):

If you are applying more than three months after exiting trafficking, you must tell us why you have not applied for special priority until now.

**PART B – PROOF OF JOINT RESIDENCE**

You must complete this section if you are applying as a survivor of domestic abuse. You do not need to complete this section if you are applying as a survivor of human trafficking, or if the abusive individual is your current immigration sponsor.

You must provide proof you are currently living with the abusive individual or that you lived with them in the last three months.

**ADDRESS YOU SHARE(D) WITH THE ABUSIVE INDIVIDUAL:**

Street Address:

Apartment Number:

City/Town:

Province:

Postal Code:

Date moved-in together:

**REQUIRED DOCUMENTATION:**

- Electronic or mailed copies dated within the last three months
- Must include your name and the abusive individual’s name and shared address
  - If both your names do not appear on a document together, you may provide more than one document to show you are/were living at the shared address at the same time

**Acceptable documentation includes:**

- Signed lease or mortgage statement
- Valid driver’s license
- Vehicle registration
- Home or automobile insurance policy or statement
- Bank statement
- Social assistance statement
- Bills such as property tax, utility, cable, home phone, internet, cell phone bill
- Canada Revenue Agency documents
- Employment record or pay stub
- Confirmation from a community housing provider or building management company
- Educational institution documentation
- Band membership or Indigenous status documents
- Police report

I have attached documents showing I lived with the abusive individual within the last three months.

**If you are applying more than three months after separation (check all that apply):**

I have attached documents showing I lived with the abusive individual more than three months ago.

I am experiencing ongoing abuse from the abusive individual (must be confirmed in the Verification of Abuse or Trafficking Record with examples of ongoing abuse).

**You must tell us why you have not applied for special priority until now.**

## DECLARATION AND CONSENT

This section must be signed by the person who was abused or trafficked. If the person is under the age of 16 or is unable to sign the consent or to give a valid consent, the consent may be signed on the person's behalf by another member of the household 16 years or older.

**Please read the following carefully before signing:**

- A. I agree that York Region may collect, use and share personal information provided by me for the purpose of:
- Determining if I am eligible to receive housing benefits offered by York Region or housing benefits offered by York Region on behalf of a government agency or ministry; and/or
  - Evaluating the quality of housing services offered by York Region or offered by York Region on behalf of a government agency or ministry to determine if the services can be improved.
- B. I understand that my personal information can be shared, in accordance with law, for the purpose of determining my eligibility for benefits under the Ontario Works Act, 1997, the Ontario Disability Support Program Act, 1997, and the Child Care and Early Years Act, 2014, as applicable, within York Region's Community and Health Services Department and government agencies/ministries responsible for overseeing programs under these laws.
- C. I agree that my information can be shared, in accordance with law, to a provincial or federal government agency or ministry, as applicable, that administers, enforces or conducts research relating to the Taxation Act, 2007, the Income Tax Act, 1990, the Income Tax Act (Canada), 1985, or the Immigration and Refugee Protection Act (Canada), 2001.
- D. I understand that the laws that permit York Region to collect and share my personal information include the Municipal Freedom of Information and Protection of Privacy Act, 1990, the Municipal Act, 2001, the Housing Services Act, 2011, and the Ontario Works Act, 1997.
- E. I understand that if I have any questions about York Region's collection and sharing of my personal information I can speak to the following person to get answers:
- Program Manager, Housing Access Unit, Housing Services**  
The Regional Municipality of York  
17150 Yonge Street, 5th Floor Newmarket, ON L3Y 8V3  
1-877-464-9675 ext. 72470
- F. I know that the information I have provided on this form will be used by York Region to determine if I am eligible to receive housing benefits.
- G. I confirm that all of the information on this form is true and that I have not left any important information out.
- H. I understand, and agree, that if York Region determines that the information on this form is not true York Region can stop my benefits and services and can make me pay York Region back.
- I. The Region will, from time to time, audit tenant files to check the accuracy of the information included in this form.

**Signature of applicant (or person authorized to sign on their behalf)**

Signature:

Date:

Name (if signing on behalf of applicant):

**THIS FORM MUST BE COMPLETED BY A PERSON WHO KNOWS THE APPLICANT AND CAN VERIFY THE ABUSE OR TRAFFICKING. THIS PERSON MUST ALSO SUBMIT A SIGNED RECORD OF ABUSE OR TRAFFICKING.**

## PART C – VERIFICATION OF ABUSE OR TRAFFICKING FORM

### BACKGROUND INFORMATION FOR VERIFYING PROFESSIONALS:

- You are being asked to complete this Verification Form and Record to confirm that the applicant or a member of their household has experienced:
  - o Human trafficking; or
  - o Domestic abuse by an intimate partner, immigration sponsor, relative, or a person who is in an emotionally, physically, or financially dependent relationship with the applicant or a member of their household. Special priority is generally not intended to support applicants experiencing issues with a roommate or landlord.
- You are being asked only to verify the instances of abuse or trafficking and are not making a recommendation for the applicant’s housing placement (i.e., specifics of the unit or location)

### SECTION 1: VERIFYING PROFESSIONAL INFORMATION

Name of person verifying domestic abuse or trafficking:

Position/Title:

Organization:

Address:

Telephone:

### RELATIONSHIP TO APPLICANT - CHECK ONE OF THE FOLLOWING:

I am working with the applicant around the issue of domestic abuse or trafficking in my professional capacity as a:

Registered social worker

Law enforcement officer

Registered social service worker

Housing provider

Registered mental health therapist or  
psychotherapist

Minister of religion

Registered nurse or registered practical nurse

Teacher / Guidance counsellor

Registered early childhood educator

Midwife

Doctor

Indigenous Elder, Indigenous Traditional Person  
or Indigenous Knowledge Keeper

Lawyer

**You must provide your professional designation/license number (if applicable):**

I am not a member of one of the above professions, but I am employed by an agency or organization that provides social support services in the community, and I am working with the applicant in my professional role around the issue of human trafficking or abuse. **I understand that I must have this Verification Form signed by a person who has the authority to bind my agency or organization.**

I do not work with the applicant in a professional role, but I have direct knowledge that the applicant has been subject to human trafficking or abuse. **I understand that I must have this Verification Form and Record notarized as to the truth of the records by a commissioner for taking affidavits.**

**SECTION 2: RECORD OF ABUSE OR TRAFFICKING**

**You must provide a signed record on agency letterhead that includes the following:**

1. The name of the person who experienced domestic abuse or trafficking
2. For situations of domestic abuse, confirmation that the abusive individual is an intimate partner, immigration sponsor, relative, or a person who is in an emotionally, physically, or financially dependent relationship with the applicant or a member of their household
3. A statement that you have reasonable grounds to believe the applicant is being or has been abused or trafficked
4. A description of the circumstances that indicate that the applicant is being or has been abused or trafficked. This includes specific examples of abuse or trafficking experienced by the household member, and may include dates or timeframes in which the abuse occurred
5. The date the record was prepared

**I declare I have conducted an assessment of the applicant's situation in my professional capacity and (check all that apply):**

My professional assessment is the applicant has experienced or is experiencing **human trafficking**

My professional assessment is the applicant has experienced or is experiencing one or more incidents of **physical or sexual violence** by the person named in Part A

My professional assessment is that the applicant has experienced one or more incidents of **controlling behaviour** by the person named in Part A

My professional assessment is that the person in Part A has **intentionally destroyed or injured the applicant's property**

My professional assessment is that the words, actions or gestures of the person in Part A have **threatened the applicant or made them fear for their safety**

**I declare to the best of my knowledge, the information I have provided is an accurate account of the applicant's situation. I understand that York Region will rely on the information I have provided to assess the applicant's eligibility for special priority and may verify my professional accreditation and employment status with my employer or professional college.**

Signature of Verifying Professional:

Date:

**For professionals employed by an organization providing social support services:**

Name of person with authority to bind the organization:

Position/Title:

Signature:

Date: