

## SECTION 1 – INFORMATION FOR APPLICANTS

This form is for survivors of human trafficking. If you are a victim/survivor of domestic abuse please complete the Request for Special Priority for Survivors of Domestic Abuse Form.

Special priority is intended to help survivors of human trafficking to permanently separate from their abuser by providing them with stable housing.

Special priority is only given to applicants whose safety is at risk because they may return to live with someone who is abusing them as they cannot, due to financial circumstances, secure stable housing.

**Special priority does not provide emergency housing.**

If you are approved for special priority status, you must still wait for a unit to become available. We cannot tell you how long it will take to get housing. The amount of time it takes to house a special priority applicant depends on where the applicant hopes to live and the type of unit they need.

**You may be given special priority on the wait list if:**

- You are a victim of human trafficking currently being trafficked, or
- You have exited trafficking within the last three months

**You must be approved for the wait list before you can be considered for special priority.**

**If you want to request special priority, you must provide all of the following:**

1. Request for Special Priority for Survivors of Human Trafficking Form
2. Verification of Abuse Form completed and signed by a qualified professional
3. A referral letter from a qualified professional describing the circumstances that indicate you are or have been trafficked

## SECTION 2 – YOUR CONTACT INFORMATION

Last name

First name

A safe telephone number where we can call you

A safe telephone number where we can text you

A safe email address where we can write you

Where do you live now? Please provide an address:

Street number

Street name

Unit number

City/Town

Province

Postal code

### **SECTION 3 – ALTERNATIVE CONTACT**

If we cannot reach you, you may miss a housing subsidy offer. Please provide safe alternative contact information.

We will only contact your alternative contact if we cannot reach you. When contacting this person we will only ask that your contact tell you to contact the Region. We will not disclose any information in your file to this person.

Name of alternative contact

Phone number

Cell number

Your relationship to alternative contact

### **SECTION 4 – DECLARATION OF TRAFFICKING**

Were you or someone who lives with you a victim of human trafficking?      Yes      No

Are you the person who was trafficked?      Yes      No

**I DECLARE that: (initial next to your answer)**

I am currently being trafficked

I stopped being trafficked on (approximate date):

Are you applying on behalf of a child or dependent that was trafficked?      Yes      No

If yes, what is their name?

What is the trafficker's name?

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.

## SECTION 5 – DECLARATION AND CONSENT TO DISCLOSURE

This section must be signed by the person who was trafficked. If the trafficked 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 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  
1-877-464-96751-877-464-9675 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)**

Last name, first name

Signature

Date (mm/dd/yy)