

SECTION 1 – INFORMATION FOR APPLICANTS

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

Special priority is intended to help victims/survivors of domestic abuse 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 live or may return to live with someone who is abusing them as they cannot, due to financial circumstances, secure stable housing. It does not apply to applicants who want to separate from someone because a relationship is not working or to applicants in a housing crisis.

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 currently living with someone who is abusing you or another person in your household
- You used to live with someone that was abusing you or another person in your household, and stopped living with them within the last three months
- You are a sponsored immigrant, and your sponsor is abusing you or another person in your household

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 Victims/Survivors of Domestic Abuse Form
2. Verification of Abuse Form completed by a qualified professional
3. A referral letter from a qualified professional describing the circumstances that indicate you are or have been abused
4. Copies of documents that prove you are or were living with the abuser within the last 3 months (list of acceptable documents provided on page 3)

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

SECTION 4 – DECLARATION OF ABUSE

Were you or someone who lives with you abused? Yes No

Are you the person who was abused? Yes No

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

If yes, what is their name?

What is the abuser's name?

What is the relationship with the abuser?

Partner/Spouse Canadian immigration sponsor (please attach a copy of your immigration papers)

Child/Parent Other (please describe)

SECTION 5 – PROOF OF JOINT RESIDENCY WITH THE ABUSER

What is the address of the residence that you shared with the abuser?

Street number	Street address
Apartment number	City/Town
Province	Postal code

Date moved-in together

You Must Provide Proof that You Live or Lived with the Abuser

Required documentation:

- ✓ All documents must be dated within the last 3 (three) months
- ✓ You must provide at least:
 - 1 (one) up-to-date document with both of your names and joint address, or
 - 1 (one) document with your name and joint address, and 1 (one) document with the abuser's name and joint address

Acceptable documents for proof of joint residency with the abuser:

- ✓ Up-to-date lease, rental agreement or mortgage documents
- ✓ Mailed property tax or utility bills, or statement from a financial institution
- ✓ Most recent mailed communication from the Canada Revenue Agency (CRA)
- ✓ Ontario Works (OW) / Ontario Disability Support Program (ODSP) benefits statement
- ✓ Driver's License
- ✓ Communication from educational institution
- ✓ Insurance policy
- ✓ Police report
- ✓ Letter from Immigration, Refugees and Citizenship Canada (IRCC) confirming breakdown in sponsorship
- ✓ Other

We will not accept the following documents:

- ✓ Documents/statements printed from a website
- ✓ Documents/forms with self-declared unverified information (e.g. day care registration form)
- ✓ Health card or drug prescription receipts
- ✓ Letter from a doctor
- ✓ Declaration from a friend or family member

Ontario Works (OW) or Ontario Disability Support Program (ODSP) Recipient

If you are receiving benefits from Ontario Works (OW) or Ontario Disability Support Program (ODSP) you must provide a copy of your most up-to-date benefits statement.

Sponsored Immigrant

If you are a sponsored immigrant you must provide copy of a letter from Immigration, Refugees and Citizenship Canada (IRCC) confirming breakdown in sponsorship.

I HAVE ATTACHED copies of documents verifying that I have lived with the abuser

Signature

Date (mm/dd/yy)

I DECLARE that: (initial next to your answer)

I am currently living with the abuser

I stopped living with the abuser on Day: Month: Year:

I have never lived with the abuser

The abuser is my Canadian Immigration Sponsor

I DECLARE that I intend to PERMANENTLY live apart from the abuser

Signature

Date (mm/dd/yy)

SECTION 6 – DECLARATION AND CONSENT TO DISCLOSURE

This section must be signed by the person who was abused. If the abused 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
17310 Yonge St., Unit #9
Newmarket, ON L3Y 7R8
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)

Last name, first name

Signature

Date (mm/dd/yy)