

Special Priority Verification Declaration

The *Housing Services Act, 2011*, establishes a “Special Priority” Household Category and gives priority access for rent-gear-to-income housing to applicants:

1. **Where a member of the household has been subject to abuse from another individual who is or was living with the member within a period of 3 months or is sponsoring the member as an immigrant, and the abused member intends to live permanently apart from the abusing individual.**
2. **Where applicants are survivors of human trafficking, those who are currently being trafficked or those who have exited trafficking within a period of 3 months.**

A household can only apply for SPP under one stream.

Due to the urgency of the situation, the applicant is not subject to the regular tenant selection procedure and the application is processed as quickly as possible.

How is Eligibility for Special Priority Established?

To apply for rent-gear-to-income housing under this policy, the applicant must have completed a Housing Access Dufferin for Affordable and Rent Geared-to-Income Housing application form, meet the eligibility criteria for rent-gear-to-income accommodation, provide the completed verification documents. To request placement on the Special Priority Household Category wait list, please complete the Special Priority Verification Declaration form with letter of verification.

Status of Available Rent Geared-To-Income Housing

The supply of rent-gear-to-income housing in Dufferin County is limited and the demand is extremely great. Housing Providers in Dufferin County have waiting lists of families and individuals in serious need of rent-gear-to-income housing. Applicants may wait years to be offered housing.

Effect of Submitting the Verification Documents

As Special Priority Status allows applicants to move ahead of other applicants on waiting lists for housing, verifiers and housing staff must ensure that this Special Priority is reserved for those who truly need it.

*****Important Note*****

This policy does not apply to applicants who simply want to separate from their partner because their relationship is not working.

Verification Process

The applicant from whom you have received this form has applied for rent-gear-to-income housing and may be eligible for Special Priority because of abuse or being a survivor of human trafficking being trafficked or exiting human trafficking within a period of 3 months. The Special Priority provision is reserved for individuals whose situation corresponds to the definition of abuse and indicators of abuse as described next.

Special Priority status can be assigned once eligibility has been determined. Written verification must be provided by a qualified individual (“verifier”) who is knowledgeable about the applicant’s situation of abuse or survival of human trafficking being trafficked or exiting human trafficking within a period of 3 months. The confidentiality of your report will be retained in accordance with the **Municipal Freedom of Information and Protection of Privacy Act**.

A verifier must submit:

- A) A completed **Verification Declaration** form (attached), and
- B) A **signed Letter of Verification** which includes the following:
 - Description of applicant's experience of abuse or human trafficking which led applicant to utilize your services or seek your assistance (making reference to "Indicators of Abuse" described in this document);
 - Relationship of applicant to abuser and applicant's current living conditions relative to the abuser;
 - Verification that the abused applicant intends to live permanently apart from the abuser or who is a survivor of human trafficking being trafficked or exiting human trafficking within a period of 3 months;
 - Any further information related to the applicant's situation and safety needs which would assist the applicant (e.g., unit location with respect to access to support services or proximity to abuser).

Who May Complete this Form?

This form may be completed by a: doctor, registered nurse, registered practical nurse, lawyer, law enforcement officer, member of the clergy, teacher, guidance counselor, individual in a managerial or administrative position with a housing provider, a registered Early Childhood Educator, an Indigenous Traditional Person or Indigenous Knowledge Keeper, a member of the College of Midwives of Ontario, an aboriginal person who provides traditional midwifery services, a psychotherapist, registered psychotherapist or registered mental health therapist, registered social worker, registered social service worker, a person employed by an agency or organization that provides social support services in the community (the record must be signed by the person who prepared the record and by a person who has the authority to bind the agency or organization. Other individuals who know about the abuse or survival of human trafficking may act as a verifier, if willing to provide a declaration of the truth of the record that has been administered by a commissioner for taking affidavits in addition to their Letter of Verification.

Indicators of Abuse

Individual perceptions about what kinds of situations constitute "abuse" may vary. For the purposes of this policy, verifiers are to record in their Letter of Verification, reference to any applicable "indicators" given below in assessing the applicant's situation of abuse or survival of human trafficking, which are considered to warrant Special Priority for housing.

- A record of intervention by the police indicating that the member was abused by the abusing individual or is a survivor of human trafficking being trafficked or exiting human trafficking within a period of 3 months.
- A record of physical injury caused to the member by the abusing individual.
- A record of the application of force by the abusing individual against the member to force the member to engage in sexual activity against his or her will.
- A record of one or more attempts to kill the member or another member of the household.
- A record of the use of a weapon against the member or another member of the household.
- A record of one or more incidents of abuse, including the following:
 - Threatening to kill the member or another member of the household.
 - Threatening to use a weapon against the member or another member of the household.
 - Threatening to physically harm the member or another member of the household.
 - Destroying or injuring or threatening to destroy or injure the member's property.
 - Intentionally killing or injuring pets or threatening to kill or injure pets.
 - Threatening to harm or remove the member's children from the household.
 - Threatening to prevent the member from having access to his or her children.
 - Forcing the member to perform degrading or humiliating acts.
 - Terrorizing the member.
 - Enforcing social isolation upon the member.
 - Failing to provide or withholding the necessities of life.
 - Threatening to withdraw from sponsoring the member as an immigrant.
 - Threatening to take action that might lead to the member being deported.
 - Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
- A record of undue or unwarranted control by the abusing individual over the member's daily personal and financial activities.
- A record of one or more incidents of stalking or harassing behaviour against the member or another member of the household.

Special Priority Verification Declaration

Applicant Name

Verification Completed by

Name	Position/Title	Organization	
Address		Postal Code	Phone

- I have reviewed the information about the Indicators of Abuse and Verification Process necessary to access rent-gearred-to-income housing under the *Housing Services Act, 2011*, Special Priority Household Category. I have provided service/assistance to the applicant am aware of their experience of abuse or is a survivor of human trafficking being trafficked or exiting human trafficking within a period of 3 months and believe that they should be given Special Priority Status.
- 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 I have provided is an accurate account of the applicant’s situation.

Signature	Date
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To be Completed by Applicant or Guardian/Attorney (if abused member is under 16 years of age or unable to make a valid request)

If you have concerns about providing documentation to support your application and/or your request for Special Priority, please contact the Housing Access Dufferin office at (519) 941-6991 x2021.

I, _____ (name, please print) request placement in the Special Priority Household Category wait list of Housing Access Dufferin, and hereby authorize and consent to:

- a) The completion of this form and its submission to Housing Access Dufferin, and
- b) The disclosure to Housing Access Dufferin of any additional information it may request to clarify the information contained on this form and the attached Verification Letter.

Signature	Date	Witness	Date
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