

**Special Priority Application Package**

**Information Sheet**

Prince Edward - Lennox & Addington Social Services

|  |
| --- |
| **The Special Priority Application Package must be completed in *addition* to the Application for Rent-Geared-to-Income Housing.****The Special Priority Application Package must include both the Declaration of Abuse and Verification Record.** |

**What is Special Priority Household Category?**

A household in the special priority household category has priority over a household that is not in the special priority household category. The priority date is determined by the date a household requested to be included in the category.

A household can be included in the Special Priority Household Category if;

* a member of the household has been abused by another individual;
* the abusing individual is, or was living with the abused member, or is sponsoring the abused member as an immigrant; and
* the abused member intends to live permanently apart from the abusing individual; or
* a member of the household is being or has been trafficked.

**Abuse** means, with respect to a member of a household, one or more incidents of physical or sexual violence, controlling behaviour, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten the member or lead the member to fear for his or her safety.

The abuse was done against the member by a person related to, or is, or has been in an intimate partner relationship with the applicant member, or any other member of the member’s household, or a person on whom the member, or any other member of the household is emotionally, physically, or financially dependent, or a person who is emotionally, physically, or financially dependent on the member, or any other member of the household, or a person sponsoring the member, or any other member of the household as an immigrant. Abuse also means trafficking of the member by any individual.

**Trafficking** means one or more incidents of recruitment, transportation, transfer, harbouring, 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.

|  |
| --- |
| **Please return your completed Application for Special Priority Package to:**Prince Edward - Lennox & Addington Social Services95 Advance AvenueNapanee, Ontario, K7R 3Y5 **Phone:** (613) 354-0957 **Toll Free:** (866) 354-0957 **Fax:** (613) 354-4099  |

**Special Priority Application Package**

**Declaration of Abuse**

Prince Edward - Lennox & Addington Social Services

|  |
| --- |
| **This Declaration is to be completed by the Applicant for Special Priority.** |
| **Contact Information** |
| Please print your name, and ***safe*** contact information.  |
| **Name:** | **Date of Birth:** |
| **Safe Mailing Address:** |
| **Safe Telephone Number(s):** |
| **Declaration**  |
| To be completed by the abused/trafficked applicant if over 16 years of age or on behalf of the abused/trafficked applicant if under 16 years of age or unable to complete |
| Name of Abuser/Trafficker:  | Relationship to Abuser/Trafficker: |
| **I DECLARE that I or another member of my household,**  ❑ am living with the abuser  ❑ have not lived with theabuser since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)  ❑ has never lived with the abuser ❑ is being trafficked ❑ has not been trafficked since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) |
| **If you have not lived with the abuser or been trafficked within the last three (3) months, please explain why you have not applied for Special Priority Status until now:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Office Use Only** |

*Special Priority Application Package ● Declaration 01.2020* Page 1

**Special Priority Application Package**

**Declaration of Abuse**

Prince Edward - Lennox & Addington Social Services

|  |
| --- |
| **Declaration and Consent to Disclose** |
| 1. I declare that I or another member of my household have been abused/trafficked.
2. I declare that all information given in this application is correct and complete.
3. I intend to live apart from the abuser/trafficker on a permanent basis.
4. I understand and agree that if accommodation is provided to me, the unit cannot be occupied by the abuser/trafficker and the abuser/trafficker cannot be listed on the Rent-Geared-to-Income Housing Application form.
5. I understand personal information collected by Prince Edward - Lennox & Addington Social Services pursuant to The Housing Services Act, 2011, will be used to determine eligibility for Special Priority Status on the Rent-Geared-to-Income Housing wait list. Information collected will be kept confidential and used only for the purpose of assessing eligibility for Special Priority Status.
6. I understand that pursuant to The Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give consent:
* to verify information given in this request and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to Prince Edward - Lennox & Addington Social Services
* to provide any supporting materials as will be required for my request
* to allow the Prince Edward - Lennox & Addington Social Services to release any information to an agency representative who confirmed my declaration on the verification record.
1. I understand personal information contained in this form or in attachments is collected by Prince Edward - Lennox & Addington Social Services pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31) or The Municipal Freedom of Information and Protection Privacy Act (R.S.O. 1990 C.m.56)

**If you have any questions about the collection and use of personal information, please contact:** Prince Edward - Lennox & Addington Social Services, 95 Advance Avenue, Napanee, ON, K7R 3Y5. Phone: 613-354-0957 or Toll Free: 1-866-354-0957.**The request and consent must be signed by the abused/trafficked applicant, or the authorized person on behalf of the abused/trafficked applicant.** |
| **Applicant’s Signature:** |  |
| **Date (MM/DD/YY):** |  |

*Special Priority Application Package ● Declaration 01.2020* Page 2

 **Special Priority Application Package**

**Verification Record**

Prince Edward - Lennox & Addington Social Services

|  |
| --- |
| **This Verification Record is to be completed by a professional on behalf of the Applicant.**  |
| **Professional’s Information and Declaration** |
| **Name of Special Priority Applicant:** |
| **Name of Professional Completing Verification Record:** |
| **Organization:** |
| **Address:** | **Phone Number:** |
|  **I DECLARE that I know the applicant in my professional role as a (please check):** |
| ❑ Registered Nurse/Registered Practical Nurse | ❑ Doctor |
| ❑ Registered Mental Health Therapist | ❑ Lawyer |
| ❑ Law Enforcement Officer | ❑ Teacher |
| ❑ Registered Social Worker | ❑ Registered Social Service Worker |
| ❑ Registered Early Childhood Educator |  ❑ Guidance Counsellor |
| ❑ Member of the College of Midwives of Ontario |
| ❑ Psychotherapist/Registered Psychotherapist |
| ❑ Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper |
| ❑ Aboriginal person who provides traditional midwifery services |
| ❑ Minister of religion authorized under provincial law to perform marriages |
| ❑ Individual in a managerial, or administrative position with a housing provider |
| ❑ Person employed by an agency or organization that provides social support services in the community; this must be signed by the person who prepared the record, and by a person who has the authority to bind the agency or organization. |
| **If you do not have a professional listed above with knowledge of your situation,****please call Prince Edward – Lennox & Addington Social Services.****Phone: 613-354-0957 or Toll Free: 1-866-354-0957** |

*Special Priority Application Package ● Verification Record 01.2020* Page 3

 **Special Priority Application Package**

**Verification Record**

Prince Edward - Lennox & Addington Social Services

|  |
| --- |
|  **I DECLARE that the abuser/trafficker has:** ❑ trafficked the applicant ❑ made one or more attempts to kill the applicant  ❑ used a weapon against the applicant  ❑ physically injured the applicant  ❑ forced the applicant to engage in sexual activity against his or her will ❑ forced the applicant to perform degrading or humiliating acts ❑ failed to provide or has withheld the necessities of life ❑ threatened to kill the applicant ❑ threatened to use a weapon against or physically harm the applicant  ❑ destroyed or injured or threatened to destroy or injure the applicant’s property ❑ intentionally killed or injured pets or threatened to injure or kill pets ❑ threatened to harm or remove the applicant’s children from the household ❑ threatened to prevent the applicant from having access to their children ❑ threatened to withdraw their immigration sponsorship or have the applicant deported ❑ enforced social isolation upon the applicant ❑ terrorized the applicant ❑ stalked or harassed the applicant  ❑ undue or warranted control over the applicant’s daily personal or financial activities ❑ had police intervention as a result of the abuse ❑ otherwise threatened the applicant by doing (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ led the applicant to fear for his or her safety by doing: (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **❑ I have ATTACHED a letter supporting the Application for Special Priority Status (mandatory for every professional completing this document).*** **I DECLARE that the information I have provided in this form and any supporting documentation is an accurate account of the applicant’s situation.**
 |
| **Professional’s Signature:** | **Date:** |

*Special Priority Application Package ● Verification Record 01.2020*  Page 4