

## **Request for inclusion in the Special Priority Household Category**

The Housing Services Act gives priority access to social housing applicants whose personal safety, or whose family's safety is at risk because of abuse by an individual with whom they live. This special priority is to enable the applicant household to separate permanently from the abuser.

-HSA, 2011, Ontario Regulation 367/11, Section 52

Priority status allows applicants to move ahead of all other applicants on the waiting list for housing. Verifiers and housing staff must ensure that inclusion in the Special Priority Household Category is reserved for those who truly need it.

Children's Aid Society may be contacted when children are residing in the home where the abuse is taking or has taken place.

This policy requires that the VOFV request must be made within the 3 month timeline since living with the alleged abuser. It does not apply to applicants who simply want to separate from someone because their relationship is not working.

## **Definition of Abuse**

Abuse includes 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 an individual or lead an individual to fear for his or her safety.

Abuse is done by any of the following persons against an individual:

The individual's intimate partner, parent, child or other relative; a person who is sponsoring the individual as an immigrant; or a person whom the individual is emotionally, physically or financially dependent, or to which the abusive person is emotionally, physically or financially dependent.

## **Record of Abuse**

A record verifying there has been abuse will include a dated statement prepared by an approved community professional that he or she has reasonable grounds to believe the individual is being or has been abused, information about the community professional preparing the record, including his or her name, occupation and any professional designations. The statement must also include the full names of the abused individual and the alleged abuser, full address of the residence where they resided together when the abuse took place and/or when the abuse stopped, and a description of the circumstances that indicate that the individual is being or has been abused.

**Applicant Declaration of Abuse**

| <b>Eligibility checklist for inclusion in the VOFV Special Priority Household category</b>                             |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| I am or was a member of a household where I or a member of my household have been subject to abuse from another person | <input type="checkbox"/> | <input type="checkbox"/> |
| I am or was living with the abusive person, or was sponsored by the abusive person                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| I have attached proof that I am or was living with the abusive person  | <input type="checkbox"/> | <input type="checkbox"/> |
| I am intending to live permanently apart from the abusive person   | <input type="checkbox"/> | <input type="checkbox"/> |
| I have left the abusive situation within the last 3 months   | <input type="checkbox"/> | <input type="checkbox"/> |
| I am or was living with the abusive person in social housing   | <input type="checkbox"/> | <input type="checkbox"/> |

**Please provide the following information**

I am or was living with \_\_\_\_\_ since \_\_\_\_\_  
(full name of abusive person) (date began living together mm/dd/yyyy)

at the following address: \_\_\_\_\_  
(address)

I continue to live with the abusive person  Yes  No  
 If no, I have been separated from the abusive person since \_\_\_\_\_  
(date we stopped living together mm/dd/yyyy)

The abusive person is my \_\_\_\_\_  
(e.g. intimate partner, parent)

**Applicant's Victims of Family Violence Checklist**

Use this checklist to ensure you have attached all the required documents. If any documents are missing, we will not be able to review your request for the Victims of Family Violence category on the waiting list.

**Peel Access to Housing Application for Subsidized Housing in Peel Region** – if not already completed. If you are unsure if you completed this application, contact PATH. All sections of the application form are to be completed and all required documentation attached. Eligibility for the wait list must be verified before a priority is considered

**PATH Victims of Family Violence Request Form** – You and your community professional have completed all required sections

Proof of Co-habitation for you & your alleged abuser at the residence where you lived together that reflects the time frame of within 3 months of last residing together at the address (must have been in Canada). Documents must be acceptable as per PATH requirements. Please refer to the VOFV Acceptable documents list for details: <http://www.peelregion.ca/housing/social/faq/faq-priority.htm#p1>



**Proof of Cohabitation**

Documents provided as Proof of Cohabitation must

- Reflect the “same” full address where the applicant and alleged abuser resided together when the abuse took place
- be dated within 3 months prior to the date last resided with the alleged abuser
- include the applicant and alleged abuser’s full names (separate documents can be submitted if the applicant and the abuser did not have joint assets), and
- be obtained from an unbiased source.

More than one piece of documentation may be required when information is conflicting.

**Applicant’s Declaration and Consent**

I, \_\_\_\_\_ hereby authorize and consent to the completion of this form and its submission to Peel Access to Housing and the disclosure to Peel Access to Housing any additional information and documents required by the agency for the purpose of verifying the above statements provided by myself for eligibility under the Special Priority Household category.

I SOLEMNLY DECLARE that I have read the content of the PATH Victims of Family Violence Form – Applicant Declaration of Abuse Form and understand that priority status is reserved for only those who require it for safety reasons.

I UNDERSTAND that if any of the information which I provide in the Request Form is determined to be untrue or incorrect, I will be disqualified for the special priority status and Peel Access to Housing or the Social Housing Provider may cancel my application, take legal action or both.

I SOLEMNLY DECLARE that all of the information contained in the Request Form and provided in relation to my Application is true, correct and complete.

I understand that all information I give to Peel Access to Housing will belong to Peel Access to Housing.

I consent to disclosure of my personal information by Peel Access to Housing to third parties for the purpose of determining eligibility under the Special Priority Eligibility section.

For questions on the collection of this information should be directed to the Regional Municipality of Peel, Housing Property Department, Supervisor, Document Management, 10 Peel Centre. Dr. Suite B P.O. Box 2800 Brampton, ON L6T 0E7 905-453-1300, ext. 3577.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**“SAFE” Contact Information**

Please provide a “safe” telephone number and/or address where we may contact you.

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Agency name, if applicable \_\_\_\_\_

**Applicant Responsibility**

Applicants are responsible to inform PATH of any changes to their:

- |                       |                       |
|-----------------------|-----------------------|
| 1. Address            | 4. Household Income   |
| 2. Family Composition | 5. Immigration Status |
| 3. Telephone Number   |                       |

Within 10 business days of the change taking place

Applications that are not updated will be inactivated.

Your name will be removed from the wait list and you will be ineligible for subsidized housing in Peel

**To Contact PATH**

**Address:** 10 Peel Centre Dr. Suite B Telephone: 905-453-1300  
P.O. Box 2800 Brampton ON L6T 0E7

**Email:** [info@peelaccesstohousing.on.ca](mailto:info@peelaccesstohousing.on.ca) Website: [www.peelregion.ca/housing](http://www.peelregion.ca/housing)

**NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION**

(Municipal Freedom of Information and Protection of Privacy Act and Housing Services Act, 2011)

Personal information on this form and attachments is collected under the authority of the Housing Services Act, S.O. 2011, Chap.6. Personal information on this form and attachments will be used to determine eligibility for special priority status under the Housing Services Act, 2011. Information provided by you may be disclosed as necessary for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Child Care & Early Years Act, 2014. Information may also be disclosed as authorized by an agreement made under section 171 or section 172 of the Housing Services Act, 2011. Questions about this collection should be directed to the Regional Municipality of Peel, Housing and Property Department, Supervisor, Document Management, 10 Peel Centre Dr. Suite B P.O. Box 2800 Brampton, ON L6T 0E7, 905-453-1300, ext. 3577



**Community Professional's Confirmation of Abuse**

According to the Housing Services Act, the following community professionals, in their professional capacity, are eligible to provide a written confirmation of the abuse, as identified and outlined in this document meeting the HSA definitions of abuse and record of abuse.

- Registered nurse or registered practical nurse
- Lawyer
- Law enforcement officer
- Doctor
- Minister of religion authorized under provincial law to perform marriages
- Registered early childhood educator
- Teacher
- Guidance counsellor
- An individual in a managerial or administrative position with a housing provider
- Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper
- Psychotherapist, registered psychotherapist or registered mental health therapist
- Member of the College of Midwives of Ontario
- Aboriginal person who provides traditional midwifery services
- Registered social worker
- Registered social service worker
- Any other individual who knows about the abuse \*

\*Note: This individual will provide the required record of abuse as described above together with a declaration of the truth of the record, administered by a commissioner for taking affidavits.

**Community Professional's Declaration and Consent**

I, \_\_\_\_\_ a professional \_\_\_\_\_ certify that I have read the PATH Victims of Family Violence – Confirmation of Abuse form and understand that under the Housing Services Act priority access to social housing can be provided to applicants whose personal safety is at risk because of abuse by an individual with whom they live or lived within the past 3 months.

I understand that priority status is reserved for only those who truly require it for safety reasons. I have read the definition of abuse provided herein and have assessed the applicant's situation of abuse in its consideration.

I understand that it is my responsibility to provide the confirmation of abuse for consideration of this application and have attached my letter detailing the account of the applicant's situation of abuse. I verify that my letter detailing the account of the applicant's situation is accurate.

I understand that as the community professional providing confirmation of abuse, that I have done so by providing services to the applicant in a professional capacity.

**Community Professional checklist for documented Record of Abuse**

- Applicant and alleged abuser's full names and address where they resided together
- Type of abuse meeting the definition under the Housing Services Act
- Description of circumstances surrounding abuse from the alleged abuser at the shared address
- Signed, dated and on letterhead

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Organization \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_