

Application for Special Priority

The *Housing Services Act, 2011* gives priority ranking to social housing applicants whose personal safety, or whose family's safety is at risk due to abuse. Special Priority status aims to help you escape from human trafficking or separate permanently from someone who is abusing you.

In order to qualify for Special Priority status, you must:

- be eligible for Rent-Geared-to-Income (RGI) assistance
- meet the criteria for either domestic violence or human trafficking

Definition of Abuse

For the purposes of determining Special Priority for RGI, abuse means domestic violence or human trafficking, as defined below, to any member of the household.

Domestic Violence

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 a household member to fear for his or her safety; and that are done by specific individuals.

The abusive person **must** be:

- an intimate partner or former intimate partner of the applicant,
- an individual who is related to the applicant,
- someone on whom the applicant is emotionally, physically, or financially dependent,
- someone who is emotionally, physically, or financially dependent on the applicant, OR
- an individual sponsoring the applicant as an immigrant.

You are currently living with the abuser or have separated within the last 3 months.

Human Trafficking

One or more incidents of recruitment, transportation, transfer, harbouring or receipt of an individual 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.

You are currently a victim of human trafficking, or you have exited trafficking within the last 3 months.

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Please choose one h	efore moving on to the ne	ext section:
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I am applyi	ng as a victim of domestic v	violence
0	R	
☐ I am applyi	ng as a victim of human tra	fficking
Information for Appl	cante	
illiorillation for Appli	Carits	
Section 1: Applican	t information	
Section 2: Declarati	on and Consent - Domestic	c violence and Proof of Co-Residency
Section 3: Declarate	on and Consent - Human tr	rafficking
Section 4: Confirma	tion of Abuse along with Le	etter from a qualified professional
A letter completed by	a qualified professional	to verify the abuse must be submitted.
A sample letter can b	e found at the end of this	s application.
SECTION 1: APPLICA	ANT INFORMATION	
	•	se be clear on how you would like to be and that you use safe alternate contacts.
This application is to be completed in full by the abused member of the household over 16 years of age or on behalf of the abused member if under 16 years of age, or if unable to complete.		
-	n behalf of the abused me In attorney, or an authoriz	ember, the form must be completed by a zed person.
If completing for the	abused household memb	oer
First Name		Last Name
rii St Naiile		Last Name
Relationship with appl	cant Signature	Date

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Name of the household member being abuse	d	
First Name:	Last Name:	
Date of Birth: Month	_ Day	Year
How do you wish to be contacted? ☐ by phone	☐ by mail	☐ by email
Contact Information:		
Telephone: Email: _		
Address:		
SAFE CONTACT PERSON Name of person to contact in your absence:		
Phone Number:		
I give my consent that you may only contact my contact the Social Housing Registry.		uest that I need to] No
I give consent for you to contact and discuss my Contact.	Special Priority App	
Please sign here to give consent to contact y	our alternate cont	act.
Signature	Date	

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SECTION 2: DECLARATION - DOMESTIC VIOLENCE	
I, (name of person making	j request)
hereby declare and consent as follows:	
(name of abused individual) lived or liv	es with
(name of the abuser)	
at the following address: City, Province	
and continue to \square live together or \square have separated.	
Date of Move in: Date of Separation:	
The relationship of the abuser is: Partner/spouse Child/parent	
☐ Canadian Immigration Sponsor ☐ Other	
The following is a description of the abusive situation (you may attach a separate needed):	e page if
All information given in this request is true and complete. The member of the household who has been a victim of abuse intends to live per apart from the abusing individual. I give consent for the purpose of the assessment of my request for Special Prioriand for no other purpose. Personal information collected by the Social Housing Registry, pursuant to the Housing Services Act, 2011, will be used to determine eligibility for Special Priority Status Pursuant to the Housing Services Act, 2011 and Provincial/Municipal Freedom of and Protection of Privacy Act, I give my consent: • to confirm information given in this request and I authorize the person, corpany social agency who provided any such required information to release the information to the Social Housing Registry. • to provide any supporting materials as will be required for my application. • to notify a Housing Provider of my eligibility for Special Priority Status.	rmanently ity Status fousing c. of Information
Signature Date	

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PROOF OF CO-RESIDENCY

You must give us proof that you are living with the person who abused you or that you have lived with them **in the last three months**. This is called Proof of Co-Residency.

If the abuser is your immigration sponsor:

	I have attached Proof of Immigration Sponsorship
OR	
	I have attached Proof of Co-residency showing that the person who abused me
	and I currently live together or lived together within the last 3 months

The following is a list of acceptable documentation:

- Ontario Works (OW) or Ontario Disability Support Program (ODSP) statement of benefits
- up-to-date lease, rental agreement, or mortgage documents
- mailed property tax or utility bills, or statement from a financial institution
- driver's license
- educational institutional registration record
- daycare documents
- most recent mailed communication from the Canada Revenue Agency (CRA)
- police report

We do not accept phone bills, internet bills, letters from friends, statements printed from a website, or prescription receipts.

Documents must be dated within the last 3 months. If both your name and your abuser's name do not appear on a document together, you may provide more than one document to show you were living at the same address at the same time. If none of the above documents are available, please call the Registry directly.

If you are applying more than 3 months after separation:

☐ I have attached Proof of Co-residency showing that the person who abused me and I
lived together more than 3 months ago. You must provide a letter telling us why you have no
applied for Special Priority status until now.

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SECTION 3: DECLARATION – HUMAN TRAFFICKING		
I, (name of person making request)		
hereby declare and consent as follows:		
(name of trafficked individual) is/was being trafficked from		
(date trafficking began) and \square continue to be trafficked		
OR date trafficking ended		
The following is a description of the abusive situation (you may attach a separate page if needed):		
All information given in this request is true and complete.		
The member of the household who has been a victim of human trafficking intends to live permanently apart from the trafficking individual.		
I give consent for the purpose of assessment of my request for Special Priority Status and for no other purpose.		
Personal information collected by the Social Housing Registry, pursuant to the <i>Housing Services Act, 2011</i> , will be used to determine eligibility for Special Priority Status.		
Pursuant to the <i>Housing Services Act, 2011</i> and Provincial/Municipal Freedom of Information and Protection of Privacy Act, I give my consent:		
 to confirm information given in this request and I authorize the person, corporation or any social agency who provided any such required information to release the information to the Social Housing Registry. 		
 to provide any supporting materials as will be required for my application. 		
 to notify a Housing Provider of my eligibility for Special Priority Status. 		
Signature Date		

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SECTION 4: CONFIRMATION OF ABUSE

This request for Special Priority must be supported with confirmation of the abuse, along with a mandatory letter of support, to be completed by:

- A professional (listed on page 8) working with you in a professional capacity around the issue of your abuse.
- 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.

The following are considered to be "indicators of abuse" for the purpose of assessing eligibility for Special Priority with respect to the person being abused by the abuser:

- Intervention by the police indicating domestic abuse or human trafficking
- Physical injury
- Using force to engage in sexual activity against his or her will
- One or more attempts to kill the member
- Use of a weapon
- One or more incidents of the following:
 - o Threatening to kill, physically harm or use a weapon
 - o Threatening to harm, remove or prevent access the member's children
 - Forcing the member to perform degrading or humiliating acts
 - Terrorizing the member
 - Enforcing social isolation
 - Failing to provide or withholding the necessities of life
 - Threatening to withdraw from sponsoring the member as an immigrant or taking any action that might lead to deportation
 - Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety
- Undue control over personal or financial activities
- One or more incidents of stalking or harassing behaviour

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List of Qualified Professionals

- 1. Doctor
- 2. Registered nurse or a registered practical nurse
- 3. Lawyer
- 4. Law enforcement officer
- 5. Minister of religion authorized under provincial law to perform marriages
- 6. Registered early childhood educator
- 7. Teacher
- 8. Guidance counselor
- 9. Individual in a managerial or administrative position with a housing provider
- 10. Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper
- 11. Member of the College of Midwives of Ontario
- 12. Indigenous person who provides traditional midwifery services
- 13. Registered social worker
- 14. Registered social service worker
- 15. Psychotherapist, registered psychotherapist or registered mental health therapist

Note to Person completing the Confirmation of Abuse

You are being asked to confirm that the applicant (listed on page 3) has either been a victim of domestic violence or human trafficking (defined on page 1) using the indicators of abuse listed on page 7.

Please also attach a letter of support outlining the instances of abuse. A sample letter can be found at the back of this application.

☐ I am working with the applicant around the issue of human trafficking or domestic
violence in my professional capacity and it is my professional assessment that the applicant
is a victim of abuse based upon the indicators of abuse listed on page 7 by the abuser listed
on page 4 (if domestic violence).

If my profession is not listed in the above list, I understand that I must have this Confirmation of Abuse signed by a person who has the authority to bind my agency or organization.

Name of person confirming abuse:		-
Profession:		
License/Registration number:		_
 Signature	 Date	

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Agency/Organization information	
Name of Agency/Organization:	
Street Name/Number:	
City/Prov:	
Postal Code Phone Num	ber
Name of person who has authority to bind the Age	ency/Organization (if applicable)
(please PRINT)	
Signature	Date
The Request for Special Priority Status form and with your Rent-Geared-To-Income application and	•

City of Kingston, Social Housing Registry Program 362 Montreal St. Kingston ON K7K 3H5

Any questions:

Email theregistry@cityofkingston.ca;

613-546-2695 - Housing Registry

Next Steps

Within 7 business days of receiving this form, you will be advised if your application is incomplete in writing or by phone and what is required for the application to be complete.

The Registry has 10 business days to determine eligibility for Special Priority Status. You will receive a letter within 5 business days from the decision being made.

If Special Priority Status is denied, you will receive a letter along with a Request for Internal Review which must be returned within 30 days.

Notice with Respect to the Collection of Personal Information

Personal information as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to) names, addresses and phone numbers, contained on this form is collected under the authority of the Housing Services Act, SO 2011, c 6 and subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990,c.M.56. The information will be used to determine eligibility for the purpose of assessing an applicant's eligibility for Special Priority Status.

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Agency Letterhead

Sample Letter for Person Confirming Abuse – on their letterhead

Date:

The Social Housing Registry 362 Montreal Street Kingston, On K7K 3H5

RE: Special Priority: Abuse Domestic Violence/Human Trafficking

Applicant's full name

To the Housing Registry:

Paragraph 1 - include the nature of the relationship between the applicant and the professional and how long you have been working together with respect to the issue of abuse.

Paragraph 2 – state the current or previous connection between the client and the individual who abused the applicant and whether you are confirming human trafficking or domestic violence. In the case of human trafficking, identify whether if they are still being trafficked or have been trafficked within the last 3 months. In the case of domestic violence, state the relationship between client and the name of the abusive individual and whether they are still living together.

Paragraph 3 – include specific indicators of abuse. Indicators should be clear and demonstrate the risk to client's personal safety. While it is not necessary to have details of each incident, the information should demonstrate how they meet provincial definition of abuse as seen on page 7.

Paragraph 4 – include any other information you consider relevant.

Signature of person confirming abuse

Print full name, position/title

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