

Eligibility for inclusion in the Special Priority Household Category

The Social Housing Reform 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.

- SHRA, 2000, Ontario Regulation 298/01, Section 24

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

This policy 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 spouse, parent, child or other relative; a person who is sponsoring the individual as an immigrant; or a person on whom the individual is emotionally, physically or financially dependent.

Indicators of Abuse

Individual perceptions about what kind of situations constitute "abuse" may vary. For the purposes of this policy, verifiers are to refer to the following list of "kinds of indicators" in assessing the applicant's situation of abuse. The existence of these indicators of abuse are considered to warrant inclusion in the Special Priority Household Category for rent-geared-to-income housing.

1. A record of intervention by the police indicating that the member was abused by the abusing individual.
2. A record of physical injury caused to the member by the abusing individual.
3. 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.
4. A record of one or more attempts to kill the member or another member of the household.
5. A record of the use of a weapon against the member or another member of the household.
6. 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.
7. A record of undue or unwarranted control by the abusing individual over the member's personal or financial activities.
8. A record of one or more incidents of stalking or harassing behaviour against the member or another member of the household.

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Phone: 905-453-1300
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Community Professional's Confirmation of Abuse

According to the Social Housing Reform 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 SHRA definitions of abuse and indicators of abuse.

- doctor
- registered nurse or registered practical nurse
- lawyer
- law enforcement officer
- member of the clergy
- teacher
- guidance counselor
- An individual in a managerial or administrative position with a housing provider
- community services worker
- community health care worker
- social worker
- social service worker
- victim services worker
- settlement services worker
- shelter worker
- community legal worker
- Any other individual who knows about the abuse. *

* Note: This individual will provide the required record of abuse as described above AND 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 Social Housing Reform 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 consideration of the Indicators of Abuse.

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.

| | | |
|-----------|----------------|--------------|
| Name | Position/Title | Organization |
| Address | Postal Code | Telephone |
| Signature | | Date |

Victims of Family Violence Checklist

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

- Peel Access To Housing Application for Subsidized Housing in Peel Region** - All sections of the application form are completed and I have attached all required documentation.
- PATH Victims of Family Violence Form** - You and your community professional have completed all required sections.
- A Documented Record of Abuse is attached completed by a Community professional, outlining your abusive relationship, type of abuse and meeting the Indicators of Abuse under the Social Housing Reform Act.
- Proof of Co-Habitation for you & your alleged abuser at the residence where you lived together

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Applicant Declaration of Abuse

| Eligibility checklist for inclusion in the Special Priority Household category | |
|--|--|
| 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"/> Yes <input type="checkbox"/> No |
| I am or was living with the abusive person, or was sponsored by the abusive person | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have attached proof that I am or was living with the abusive person | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am intending to live permanently apart from the abusive person | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have left the abusive situation within the last 3 months | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Please provide the following information |
|--|
| I am or was living with _____ since _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> (name of abusive person) (date began living together mm/dd/yyyy) </div> |
| at the following address: _____ <div style="text-align: center; font-size: small; margin-top: -10px;">(address)</div> |
| I continue to live with the abusive person <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, I have been separated from the abusive person since _____ <div style="text-align: center; font-size: small; margin-top: -10px;">(date we stopped living together mm/dd/yyyy)</div> |
| The abusive person is my _____ <div style="text-align: center; font-size: small; margin-top: -10px;">(e.g. spouse, partner, parent, relative)</div> |

| 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 of 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 this Application 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 Application 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 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. | |
| Name | Telephone |
| Signature | Date |



| "SAFE" Contact Information | |
|---|-------------|
| Please provide a "safe" telephone number and/or address where we may contact you. | |
| Address | Postal Code |
| City | Telephone |

| Proof of Cohabitation |
|---|
| <p>Documents provided as Proof of Cohabitation must</p> <ul style="list-style-type: none"> • reflect the "same" full address where the client and alleged abuser resided together when the abuse took place • be dated within the time period preceding the date the client's application is submitted to PATH • include the client and alleged abuser's full names (separate documents can be submitted if the client and abuser did not have joint assets), and • be obtained from an unbiased source. <p>More than one piece of documentation may be required when information is conflicting.</p> |

| Applicant Responsibility | | | | | | |
|---|-----------------------|---------------------|-----------------------|-----------------------|---------------------|--|
| <p>Applicants are responsible to inform PATH of any changes to their:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1. Address</td> <td style="text-align: center;">4. Household Income</td> </tr> <tr> <td style="text-align: center;">2. Family Composition</td> <td style="text-align: center;">5. Immigration Status</td> </tr> <tr> <td style="text-align: center;">3. Telephone Number</td> <td></td> </tr> </table> <p style="text-align: center;">within 10 business days of the change taking place.</p> <p style="text-align: center;">Applications that are NOT updated will be inactivated.</p> <p style="text-align: center;">Your name will be removed from the waiting list and you will be ineligible for subsidized housing in Peel.</p> | 1. Address | 4. Household Income | 2. Family Composition | 5. Immigration Status | 3. Telephone Number | |
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| 2. Family Composition | 5. Immigration Status | | | | | |
| 3. Telephone Number | | | | | | |
| <hr/> <p>To Contact PATH Address: 10 Peel Centre Dr. Suite B E-Mail: info@peelaccesstohousing.on.ca P.O. Box 2800 Brampton, ON L6T 0E7 Website: www.peelregion.ca/housing Telephone: 905-453-1300</p> | | | | | | |

NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION
(Municipal Freedom of Information and Protection of Privacy Act and Social Housing Reform Act, 2000)

Personal information on this form and attachments is collected under the authority of the Social Housing Reform Act, 2000, S.O. 2000, Chap.27. Personal information on this form and attachments will be used to determine eligibility for special priority status under the Social Housing Reform Act, 2000. Information provided by you may be disclosed as necessary for the purpose of making decisions or verifying eligibility for assistance under the Social Housing Reform Act, 2000, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Day Nurseries Act. Information may also be disclosed as authorized by an agreement made under section 163 or section 164 of the Social Housing Reform Act, 2000. 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

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