

Housing Department
Community Services Group, City of Kingston

**REQUEST FOR SPECIAL PRIORITY STATUS ON THE CENTRALIZED WAITING LIST
FOR RENT-GEARED-TO-INCOME (RGI) ASSISTANCE**

Special Priority Status is reserved for individuals eligible for Rent-Geared-to-Income (RGI) assistance who are victims of abuse as defined below:

“Abuse” means one or more incidents of: physical or sexual violence, controlling behaviour, intentional destruction of or intentional injury to property; OR words, actions or gestures that threaten an individual to fear for his or her safety.

The *Housing Services Act, 2011*, Ontario Regulation 367/11, Section 52 - 58 (“Special Priority Household Category”), gives priority ranking to social housing applicants and/or tenants **whose personal safety, or whose family’s safety** is at risk because of abuse by an individual with whom they currently or recently lived, or who is sponsoring the member as an immigrant. This special priority is to enable the household to separate permanently from the abuser.

Special Priority Status allows victims of abuse to move ahead of other applicants on waiting lists for housing. The Social Housing Registry Program must ensure that this special priority is reserved for those at risk. This policy does not apply to those who simply want to separate from someone because their relationship is not working.

If you have any questions, please contact this office at the above address or phone number.

General Rules:

NOTE: Supporting documentation is required to determine your eligibility for Special Priority Status

1. A household must be eligible for Rent-Geared-to-Income (RGI) assistance before a Request for Special Priority Status will be reviewed for eligibility.
 - Households applying for RGI assistance must also complete a Part “A” application for RGI assistance and submit it to The Registry along with their Request for Special Priority Status application.
 - Households currently in receipt of RGI assistance must complete this application for Special Priority Status if they wish to be considered for their current housing provider’s internal transfer list only.
 - Households currently in receipt of RGI assistance and who wish to move to another housing provider’s subsidized addresses in the Kingston & Frontenac service area must complete a Part “A” application for RGI assistance and submit it to The Registry along with their Request for Special Priority Status application.
2. Any member of the household who is 16 years of age or older may submit a Request for Special Priority Status for them self or on behalf of a household member(s) under 16 years of age;
3. The request must include a statement of abuse indicating that the abusing individual lives or lived with a household member, or is sponsoring a member as an immigrant and the abused member intends to live permanently apart from the abusing individual;
4. Applicants may occupy shared accommodations defined as: rooming houses; boarding houses; roommates sharing one location – i.e. house/apartment with common entrance and common kitchen and bathroom facilities, but does not include living in a motel, hotel or another apartment in the same building. (Applicants must provide proof of joint residency with the abusing individual – i.e. recent lease, joint bank account, utility bills, OW/ODSP stubs, or other relevant documents);
5. If the abused member and abusing individual no longer live together, the date of separation must be specified;
6. The information you provide will assist in assessing your eligibility for Special Priority Status. If you are unable to provide required documentation or you believe that you will be at risk in obtaining information and documents supporting your request for Special Priority Status, you may request an office interview with the Social Housing Registry Program staff;
7. The Declaration & Consent **must** be signed by the **abused member of the household**, or if the abused member is under 16 years old or is unable to sign, the parent, guardian, attorney or authorized person may sign the consent on the abused member’s behalf;
8. Applicants must complete the section of the application to indicate the safest and most appropriate way to be contacted with regard to this request for Special Priority Status.

Request for Special Priority Household Status

(Please answer all questions)

Please Print Name

To be completed 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:

NOTE: If completed on behalf of abused member the form must be completed by parent, guardian, attorney or authorized person.

Last Name		
First Name	Date of Birth	Social Insurance Number

a) **Yes** I am completing on behalf of _____ Date of Birth _____
Name of abused member under 16 years of age
or unable to complete request
 who is a member of the Household who has been a victim of abuse

OR

Yes I am the abused member of the Household.

b) **Yes** **No** I am or a member of the household is being sponsored as an immigrant by the abusive individual.

c) **Yes** **No** I am at least 16 years old

d) **Yes** **No** I or the above named member of the Household presently or recently lived with the abusing individual (including shared accommodation) – see #4 under ‘General Rules’ on Page 1.

e) **Yes** **No** I have attached proof of joint tenancy. (**NOTE:** You must provide proof of joint tenancy - see #4 under ‘General Rules’ on Page 1.

f) **Yes** **No** I or the above named member of the Household intends to live permanently apart from the abusive individual.

g) **Yes** **No** I have attached a completed “Confirmation Form for Special Priority Status” (Note: if unable to provide you may request an office interview with The Registry).

h) **Yes** **No** I am a current tenant in receipt of RGI assistance and I wish to move: (**Choose 1 only**)
 to another location with my current Housing Provider
 to another location with another Social Housing Provider in **this** service area
 to both of the above

NOTE: The Registry will provide appropriate forms based on your response.

To ensure that your safety or well-being is not put at risk, please indicate below the method by which you wish to be contacted.

In the case where eligible applicants for RGI assistance have the abusing individual listed as a household member on their Part A application the abusing individual will need to be contacted. Please indicate if it is safe to contact the abusing individual **Yes** or **No**

I wish to be contacted by The Registry by mail at the address indicated on my Part A application for Rent-Geared-to-Income assistance.

OR Please check one of the following options:

by mail

Contact name / Relationship _____	

Street number and name	

City	Postal Code

by telephone

Name / Relationship	home (_____)_____	Best time to call between 8:30-4:30
---------------------	----------------------	--

by email

Name / Relationship	_____@_____
Email Address	

Declaration and Consent to be completed by person making the request

I _____ hereby declare and consent as follows:
(Name of person making request)

1. _____ lived/lives with _____,
(Name of abused individual) (Name of Abuser)

the abusing individual at the following address:

(Street Address) (City, Province)

from _____ and
(Date of Move-In)

CHOOSE ONLY ONE

continue to live together, OR separated on _____
(Date of separation)

2. The following is a description of the abusive situation: (you may attach a separate page if needed)

- 3. That all information given in this request is true and complete.
- 4. That the member of the household who has been a victim of abuse intends to live permanently apart from the abusing individual.
- 5. I give consent for the purpose of assessment of my request for Special Priority Status housing and for no other purpose.
- 6. That Personal information collected by the Social Housing Registry Program, pursuant to the *Housing Services Act, 2011*, will be used to determine eligibility for Special Priority Status.
- 7. Pursuant to the *Housing Services Act, 2011* 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 Program
 - to provide any supporting materials as will be required for my application
 - to notify a Housing Provider of my eligibility for Special Priority Status.

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 in this form or in attachments is collected by the Social Housing Registry Program pursuant to the Housing Services Act, 2011, Freedom of Information and Protection of Privacy Act (R.S.O. 10090 C.F.31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.56), Personal Health Information Protection Act, 2004 as applicable. The information will be used to determine eligibility for Special Priority Status. Information collected will be kept confidential and used only for the purpose of assessing an applicant's eligibility for Special Priority Status.

Questions about this collection should be directed to the: **Social Housing Registry Program**
362 Montreal Street
Kingston, ON K7K 3H5

The declaration and consent must be signed by the abused member, or authorized person on behalf of the abused member.

Abused member of the Household: _____ (print name) _____ (signature)

OR

Authorized person (parent, guardian, Attorney, if under 16 years of age) _____ (print name) _____ (signature)

Date: _____



Housing Department
Community Services Group, City of Kingston

CONFIRMATION FORM FOR SPECIAL PRIORITY STATUS

The *Housing Services Act, 2011*, gives priority ranking to social housing applicants/tenants **whose personal safety, or whose family's safety** is at risk because of abuse by an individual with whom they currently live or recently lived with, or who is sponsoring the member as an immigrant. This special priority is to enable the applicant and their household to separate permanently from the abuser.

As Special Priority Status allows eligible applicants/tenants to move ahead of others, the Social Housing Registry Program must ensure that this special priority is reserved for victims of abuse. This does not apply to those who simply want to separate from someone because their relationship is not working.

This confirmation of abuse may be confirmed by any of the following professionals (in their professional capacity) as defined under the *Housing Service Act, 2011*, as may be amended from time to time:

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

How is Eligibility for Special Priority Established?

To be eligible under the Special Priority Status, the applicant/tenant must have experienced an incident or series of incidents of abuse from another individual with whom the applicant/tenant recently lived or is currently living with.

Definition of Abuse

Abuse means one or more incidents of: physical or sexual violence, controlling behaviour, intentional destruction of or intentional injury to property, OR words, actions or gestures that threaten an individual to fear for his or her safety.

Confirmation Process and Indicators of Abuse

Individual perceptions about what kinds of situations constitute “**abuse**” may vary. To be included in the Special Priority Status, individuals in a professional capacity (see list above) are to refer to the following list in order to assess the applicant's situation of abuse and must provide a record/statement to confirm.

1. Intervention by the police indicating that the member was abused by the abusing individual.
2. Physical injury caused to the member by the abusing individual.
3. 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. One or more attempts to kill the member or another member of the household.
5. The use of a weapon against the member or another member of the household.
6. One or more incidents of abuse, including the following:
 - i. Threatening to kill the member or another member of the household.
 - ii. Threatening to use a weapon against the member or another member of the household.
 - iii. Threatening to physically harm the member or another member of the household.
 - iv. Destroying or injuring or threatening to destroy or injure the member's property.
 - v. Intentionally killing or injuring pets or threatening to kill or injure pets.
 - vi. Threatening to harm or remove the member's children from the household.
 - vii. Threatening to prevent the member from having access to his or her children.
 - viii. Forcing the member to perform degrading or humiliating acts.
 - ix. Terrorizing the member.
 - x. Enforcing social isolation upon the member.
 - xi. Failing to provide or withholding the necessities of life.
 - xii. Threatening to withdraw from sponsoring the member as an immigrant.
 - xiii. Threatening to take action that might lead to the member being deported.
 - xiv. Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
7. Undue or unwarranted control by the abusing individual over the member's personal or financial activities.
8. One or more incidents of stalking or harassing behaviour against the member or another member of the household.



Housing Department
 Community Services Group, City of Kingston

Consent of Applicant & Confirmation of Abuse
 (to be completed by individual in their professional capacity to provide confirmation of abuse)
 (see list on reverse)

To be completed by individual making request for Special Priority Status

Pursuant to the *Housing Service Act, 2011, Provincial/Municipal Freedom of Information and Protection of Privacy Act*:

RE: _____
 (Name of abused individual)

I, _____ hereby authorize and give my consent to
 (Print name of person making request for Special Priority Status)

_____ to:
 (Print name of individual in professional capacity to provide confirmation)

- (a) complete this form as a part of my Request for Special Priority Status
- (b) disclose to the Social Housing Registry Program any information or supporting materials necessary to confirm my situation.

Signature of individual making request for Special Priority Status _____
Date

To be completed by individual in their professional capacity. Your patient/client is solely responsible for any payments related to filling out this form. Person providing confirmation must answer all three questions in full.

I am a _____
 (Title / Profession – refer to list on reverse)

1. I have reviewed the information with regard to the Confirmation Process and Indicators of Abuse (on reverse side) as to the Special Priority Status for those who are victims of abuse. The situation of the abused individual (named above) with whom I deal in a professional capacity and about whose experience(s) of abuse I am aware meets one of these definitions.

Yes No

2. I am aware of my responsibility in providing the confirmation of abuse and declare that the information I have provided is an accurate account of the applicant's situation, to the best of my knowledge.

Yes No

3. I have attached a letter or a record providing information about the applicant's situation Yes **or**

Below is a summary of the applicant's abusive situation:

Completed By:

Name(Print)	Position/Title	
Organization	Address	
Signature	Telephone ()	Date

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, 2011*, S.O 2011, c. 6 and subject to Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c.M.56. The information will be used to determine eligibility for Special Priority Status. Information collected will be kept confidential and used only for the purpose of assessing an applicant's eligibility for Special Priority Status. Questions about this collection should be directed to the Social Housing Registry Program at the above address or phone number.