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Form 103 -Special Priority Application

Special Priority is for applicants who have been abused by another person living in their household or have been a victim of human trafficking. It is intended to help you separate permanently from the person abusing you. Special Priority is provided to applicants whose personal safety is at risk.

Who is eligible for Special Priority Status (SPP)?

You may be eligible for Special Priority status if:

- You are eligible for Rent-Geared-to-Income (RGI) housing
- You make the request in writing (using this form)
- You are 16 years of age or older, or provide an authorized signature
- You or a member of the household has experienced abuse or trafficking
- The abusing individual is, or was, living with the applicant in the last three months
- The applicant intends to live permanently apart from the abuser
- You are a sponsored immigrant, and your sponsor is abusing you or another person in your household.

To apply for Special Priority (SPP) status on the centralized waiting list please mail or drop off your completed SPP application and all copies of required documentation to the address shown above. If incomplete, only your RGI application will be processed.

Please refer to the Document Guide on page two for a list of acceptable documentation.

Abuse and Human Trafficking

For the purpose of Special Priority, abuse means:

- One or more incidents of physical or sexual violence, controlling behaviour, intentional destruction or intentional injury to property, words/ actions/ gestures that threaten an individual or lead an individual to fear for their safety.

For the purpose of Special Priority, 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.

Section A: Applicant requesting SPP Status

- ! To be completed and signed by the Applicant

Applicant Information:

Applicant Name:

Phone Number:

Email Address:

Current Address:

Preferred mailing address if different from current one:

Questions about contacting you:

Can we call you?

Yes

No

Not Applicable N/A

Can we email you?

Yes

No

Not Applicable N/A

Can we send mail?

Yes

No

Alternate Contact Information

Alternate contact name:

Relationship:

Agency/Shelter:

Phone Number:

Other contact information:

Do we have your consent to contact the Alternate Contact listed above?

Yes

No

In the event that the abused member is under the age of 16, please list the authorized person:

Authorized person name:

Relationship:

I declare that I have been abused by:

Name of person:

Relationship:

I declare that I am a victim of domestic abuse and that I intend to live separate from my abuser on a permanent basis and that:

Please check all that apply:

I am currently living with the abusing individual

I have not lived with the abusing individual since: Date:

Is the abuse still ongoing? Yes No

I have never lived with the abusing individual

This person is my Canada Immigration sponsor

If you have not lived with this person within the last three months, please indicate the reason(s) you have not applied for Special Priority Status until now:

I have attached proof that I live with or have lived with the abusing individual. See Section C: Document Guide

Yes

No

Details of Special Priority due to Trafficking

Have you, or another member of your household been a victim of human trafficking?

Yes

No

Is the trafficking still occurring?

Yes

No

Declaration, Consent and Release from Applicant

I understand that the Housing Access Centre (HAC) requires the requested personal information to determine my eligibility for Special Priority Placement (SPP) status.

Yes

I consent to the verification of my personal information on any social assistance database

Yes

No

I consent to HAC using, verifying and retaining this information in my housing file, for the purpose identified on this form

Yes

I consent to the destruction of the Verification Records as per the City of Stratford's file retention Policy

Yes

I accept all the terms and conditions set out in this application

Yes

Applicant Signature:

Date:

Section B: Verifier Information

! To be completed by the verifier

Important: the verifier must have in-depth knowledge of the abusive relationship identified on this form. This knowledge is based on the verifier's professional relationship with the applicant and enables the verifier to make the assessments that are necessary to address the questions in this form.

Name of Special Priority Applicant:

Name of Special Priority Verifier:

Organization:

Position/job title:

Address:

Telephone number:

I DECLARE that I know the applicant in my professional role as a: (please check)

Doctor	Law enforcement officer	Social worker	Community services worker
Lawyer	Member of the clergy	Social service worker	Settlement services worker
Teacher	Guidance counsellor	Victim services worker	Community legal worker
Nurse	Social housing provider	Shelter worker	Community healthcare worker

Other:

I DECLARE that:

the abusing individual has made one or more attempts to kill the applicant or another member of the household

the abusing individual has used a weapon against the member or another member of the household

the abusing individual has physically injured the applicant

the abusing individual has forced the applicant to engage in sexual activity against their will

the abusing individual has forced the applicant to perform degrading or humiliating acts

the abusing individual has failed to provide or has withheld the necessities of life

the abusing individual has threatened to kill the applicant or another member of the household

the abusing individual has threatened to use a weapon against the applicant or another member of the household

the abusing individual has threatened to physically harm the applicant or another member of the household

the abusing individual has destroyed or injured the applicant's property or threatened to destroy or injure the applicant's property

the abusing individual has intentionally killed or injured pets or threatened to intentionally kill or injure pets

the abusing individual has threatened to harm or remove the applicant's children from the household

the abusing individual has threatened to prevent the applicant from having access to their children

the abusing individual has threatened to withdraw their immigration sponsorship

the abusing individual has threatened to have the applicant deported

the abusing individual has enforced social isolation upon the applicant

the abusing individual has terrorized the applicant

the abusing individual has stalked or harassed the applicant or another member of the household

the abusing individual has undue or unwarranted control over the applicant's daily personal or financial activities

there has been police intervention as a result of the abuse

the abusing individual has otherwise threatened the applicant by doing:

the abusing individual has led the applicant to fear for their safety by doing:

Supportive Statements

A letter supporting the above noted declarations and additional supportive statements is attached

Supportive statements may include information regarding the pattern of abuse, personal examples the applicant is comfortable disclosing, names and dates, and current safety

concerns, etc. To help us understand the circumstances related to this application please include as much relevant information as possible.

This is mandatory for anyone completing this verification record.

I DECLARE that the information that I have provided in this form and any supporting documentation is an accurate account of the applicant's situation. I am aware of my responsibility in providing a comprehensive verification of abuse and **declare** that the information I have provided on this form, as well as on possible attachments, is an accurate in-depth professional assessment of the applicant's situation.

Signature:

Date:

Section C: Document Guide

Proof of Cohabitation

Please ensure that proof of cohabitation is provided as part of this submission. One or more of the following documents can be used as evidence that the SPP applicant and the named abuser resides or resided at that address. When information is conflicting additional information may be required.

Acceptable Documents: Must be dated, include full name(s), and address

- Child Tax Credit;
- Condominium fees;
- Fire insurance policy and premium receipts;
- Home heating receipts;
- House or apartment insurance;
- Hydro or utility receipts;
- Joint assets/RRSP statements
- Land registry records;
- Lease or rental agreement;
- Letter from landlord;
- Mortgages statement;
- Notice of rent increase or decrease;
- Ontario Drivers License;
- Ontario Works or Ontario Disability Support Program statements / documentation;
- Employment Insurance statements / documentation;
- Property deeds;
- Property taxes;
- Rent receipt with landlord's name, address and phone with applicant's and abuser's address on it

Please note: This list is not all-inclusive or exhaustive. It provides a sample of what documents may be accepted by Housing Access Centre as proof of cohabitation.

Other documents may be accepted if:

- It reflects the “same” full address when the client and alleged abuser resided together when the abuse took place.
- Is dated within the time period preceding the date the client’s application is submitted to HAC.
- Includes the client and alleged abuser’s full names (separate documents may be submitted if the client and abuser did not have joint assets), and;
- It is obtained from an unbiased source.

The personal information on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 S.O. 201.c6 and is subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c. M. 56. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, Ontario N5A 6W1 or by telephoning 519-271-0250 Ext. 329 during business hours.

Next Steps

Your paperwork will be reviewed by the Housing Access Centre and you will be contacted using the information you provided above.

Within fourteen days of receipt of this form, you will be advised whether it is complete.

If your application is incomplete you will be provided with written information about what else you need to submit.

If the request for Special Priority Placement status is denied, the applicant will be given an opportunity to request a review of the decision.

If you have any questions, please contact the Housing Access Centre at Housing Division, City of Stratford Social Services Department, 82 Erie Street, Stratford, Ontario N5A 2M4 or by calling 519-271-3773 extension 200.

If you require this document in an alternate format, please contact the Clerk’s office at 519-271-0250 extension 5237 or clerks@stratford.ca.