



Request for Urgent Priority Status Form

Information for applicants

Please return your completed housing application along with this Urgent Priority package to:

DNSSAB
Housing Programs Department
200 McIntyre Street East
North Bay, ON P1B 8V6

Telephone: 705-474-2151 Ext.3742
Fax: 705-472-4171
Email: housingaccess@dnssab.ca

For a household to be considered to have Urgent Priority Status a member of the household must meet one of more of the following criteria (please check the box that applies to you):

- A person(s) whose **accommodation has been condemned** by the municipality or the fire department, resulting in the unit being lost permanently to the market; or
- A person(s) whose **accommodation has recently been destroyed** by fire, flood or natural disaster and currently have no place to live.

If you meet one of our eligibility criteria as listed above, you must also meet the basic eligibility below:

- The household must qualify for RGI assistance as determined by DNSSAB Housing Access and it must fall within the High Income Need category, **AND**
- Be a resident of the Nipissing District, **AND**
- Not own a home or any other residence. (not sure if I should add the extra part 'be actively seeking safe, affordable housing that is in the policy).

If you want to request Urgent Priority Status, you must provide the following along with your completed housing application:

1. This form (Request for Urgent Priority Status Form), **AND**
2. Proof of all the household members' current income, **AND**
3. Copies of **official supporting documents** that prove your accommodations were condemned/destroyed.

Part A: Household information

| | | | |
|-------------------------------------|-----------------|---------------------------|----------------------------------|
| Applicant's last name | | Applicant's first name | Daytime telephone number / other |
| Co-applicant's last name | | Co-applicant's first name | Daytime telephone number / other |
| Apartment number | Current address | | P.O. Box |
| City | | Province | Postal Code |
| Other person to contact – Last name | | First name | Daytime telephone number / other |

Mailing address if different from above:

| | | |
|------------------|-----------------|-------------|
| Apartment number | Current address | P.O. Box |
| City | | Postal code |



Part B: Address of the Destroyed/Condemned accommodations:

| | | | |
|---|-----------------|--|----------------------------------|
| Last name of landlord/owner of property | | First name of landlord/owner of property | Daytime telephone number / other |
| Apartment number | Current address | | P.O. Box |
| City | | Province | Postal code |

Part C: Reason For Urgent Priority Status Application (please attach official supporting documents):

Please provide any additional details regarding the circumstances of your condemned/destroyed accommodations:

Part D: Declaration and Consent to Discloser

This section must be completed by the person who is requesting Urgent Priority Status. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the applicant's behalf by the parent or guardian; an attorney under a power of attorney that authorizes that attorney to give the consent on the applicant's behalf; or a person who is otherwise authorized to give the consent on the applicant's behalf.

I request that my application be given Urgent Priority ranking on the waiting list.

I promise that everything I have written on this form is true and complete.

I understand that all information I give to the DNSSAB Housing Programs Department, will belong to the DNSSAB.

I, _____ hereby authorize and consent to the disclosure to DNSSAB Housing Programs Department of information and documents required by DNSSAB for the purpose of verifying the statements of this form and assessing my eligibility for Urgent Priority Status.

Signature of applicant (or person authorized to sign on their behalf)

Date signed

Signature of co-applicant (or person authorized to sign on their behalf)

Date signed

Personal information contained on this form or in attachments is collected, pursuant to the Housing Services Act (2011) and the Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56). This information will be used to determine suitability and eligibility for housing applied to, continuation of housing and the appropriate rent scale and rent geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.

DNSSAB Housing Programs Department Office Use Only

I have reviewed this application and verified that this household does [] does not [] meet the criteria for Urgent Priority Status as established in DNSSAB local rule under LHP No. 2020-09.

_____ for the DNSSAB Housing Programs Department.

Authorization _____ Date Completed _____