



## Special Priority (SPP) Application Package

### Information for applicants

#### What is Special Priority (SPP) Status?

Special Priority status aims to help you escape from human trafficking or separate permanently from someone who is abusing you by giving a priority status on our waiting lists. It is often referred to as SPP.

#### Who is eligible for SPP status?

- You are eligible for rent-geared-to-income (RGI) assistance, **AND**
- You are a survivor of human trafficking, **OR**
- Your safety is at risk because you are living with someone who is abusing you or your children, or you stopped living with them in the last three months, **AND**
- You intend to permanently live apart from the abuser.

#### If you want to request Special Priority Status, you must provide the following:

- ☐ A completed housing application, **AND**
- ☐ This form, completed by the abused or trafficked person, **AND**
- ☐ The Verification of Abuse section completed by a qualified professional as listed on this form, **AND**
- ☐ A written record of abuse/trafficking from a qualified professional that includes the following information:
  - a)** The name of the abused or trafficked member.
  - b)** A statement by the person preparing the record that he or she has reasonable grounds to believe that the member is being or has been abused by an individual described below or has been trafficked.
  - c)** A description of the circumstances that indicate that the member is being or has been abused or trafficked.
  - d)** Information about the person who prepared the record, including his or her name, occupation and any professional designations.
  - e)** The date the record was prepared, **AND**
- ☐ Proof of cohabitation (copies of documents that prove that you are or were living with the abuser-not required for human trafficking).

### Definition of abuse and trafficking

#### For the purpose of Special Priority, abuse means:

**(A)** Any of the following done to a member of a household,

1. one or more incidents of
  - a) physical or sexual violence,
  - b) controlling behavior, or
  - c) intentional destruction of or intentional injury to property, or
  - d) words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety.

**(B)** Trafficking of the member done by any individual: "trafficking" means, with respect to a member of a household, 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.



**For the purpose of Special Priority the abuser must be (does not apply to human trafficking):**

- An individual who is related to the member or any other member of the household.
- An individual who is or has been in an intimate relationship with the member or any other member of the household.
- An individual on whom the member or any other member of the household is emotionally, physically or financially dependent.
- An individual who is emotionally, physically or financially dependent on the member or other member of the household.
- An individual sponsoring the member or any other member of the household as an immigrant.
- For the purposes of this priority, children who are unrelated to their abuser have access to SPP.

**Proof of cohabitation (does not apply to human trafficking)**

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 cohabitation.

Please ensure that documentation for the “proof of cohabitation” demonstrating that you and the person named as the abuser lived at the same residence within the last 3 months is provided as part of your request for Special Priority Status. One of the following documents (identifying the name and address of the abuser) can be used in combination with evidence that the SPP applicant also resides or resided at that address. More than one piece of documentation may be required when information is conflicting.

**Acceptable Documents**

- Child Tax Credit
- Condominium fees
- Credit card statements/utility bills/loan documents
- Income tax statement/assessment
- Insurance policy documents/receipts
- Joint assets/RRSP statements or documents
- Land registry records
- Lease or rental agreement
- Mortgage statement/documents
- Ontario driver's license
- Notice of rent increase or decrease
- Subsidized day-care documents
- Ontario Works or Ontario Disability Support Program statements (letter from your worker)
- OSAP statements/documents
- Property deeds
- Property taxes
- Rent receipt or letter from the landlord with their name, address and phone number with applicant's or abuser's address on it along with the timeframe association with your cohabitation
- School registration
- Statement from a bank

**Unacceptable Documents**

Please refer to the following list of documents that cannot be accepted, acknowledging this list is not inclusive.

- Collection Bills/Past Due Notices
- Envelopes
- Generated 'Marketing' Mail
- Letters from private dwelling landlords
- Magazine Subscriptions / Renewals
- Bank statements
- Affidavits
- Phone/Cable/Internet bill statements

**Please note:** This list is not all-inclusive or exhaustive. It provides a sample of what documents may be accepted by DNSSAB as proof of cohabitation. Other documents may be accepted if (1) it reflects the “same” full address when the client and alleged abuser resided together when the abuse took place, (2) is dated within the time period preceding the date the client's application is submitted to DNSSAB, (3) 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 (4) it is obtained from an unbiased source. If none of the above documents are available, we will discuss other options with you directly.



### Part A: Applicant contact information (please provide a safe mailing address & contact numbers)

Applicant's last name		Applicant's first name		Safe Daytime Telephone number	
Home telephone number		Can we call you at home <input type="checkbox"/> Yes <input type="checkbox"/> No		Work telephone number, including extension	
				Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Apartment number	Current address			P.O. Box	
City			Province		Postal Code
Other person to contact			Relationship		Telephone number

**Complete Part B or Part C** depending if you are applying as an abused person or a trafficked person.

### Part B: Declaration of Abuse

Were you or someone who lives with you abused? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the name of the person who was abused?		What is the name of the abuser?	
What is the relationship of the abuser to the person who was abused?					
<input type="checkbox"/> My abuser is my intimate partner or relative (relationship): _____					
<input type="checkbox"/> My abuser is my Canadian Immigration Sponsor (If the abuser is an immigration sponsor, please attach a copy of your immigration papers.)					
<input type="checkbox"/> My abuser is someone else (relationship): _____					
Do you live with the abuser now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you ever live with the abuser? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you no longer live with the abuser, when did you stop living together?	

### What is the address of the residence that you shared with the abusive person?

Apartment number	Current address		P.O. Box
City		Province	Postal code

I intend to live permanently apart from the abusive person. ☐ Yes ☐ No

\_\_\_\_\_  
Signature of abused person (or person authorized to sign on their behalf)

**Go to Part D: Declaration and Consent to Disclose**

### Part C: Declaration of Human Trafficking (if applicable)

Were you or someone who lives with you a victim of human trafficking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I or someone who lives with me is currently a victim of Human Trafficking.	
<input type="checkbox"/> I or someone who lives with me left the trafficker on (approximate date): _____	
<input type="checkbox"/> Other (Please describe): _____	

I intend to live permanently apart from my trafficker(s). ☐ Yes ☐ No

\_\_\_\_\_  
Signature of trafficked person (or person authorized to sign on their behalf)

**Go to Part D: Declaration and Consent to Disclose**



## Part D: Declaration and Consent to Disclose

***This section must be completed by the person who was abused or trafficked. 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 abused/trafficked person's behalf by the parent or guardian, an attorney under a power of attorney that authorizes that attorney to give the consent on the abused/trafficked person's behalf; or a person who is otherwise authorized to give the consent on the abused/trafficked person's behalf.***

I declare that I have been abused or trafficked as confirmed by my verifier.

I request that my application be given special 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 Housing Programs Department.

I, \_\_\_\_\_ (name of applicant)

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 special priority status.

\_\_\_\_\_  
Signature of abused person (or person authorized to sign on their behalf)

\_\_\_\_\_  
Date signed

## Part E: Applicant authorization

***This section must be completed by the person who was abused or trafficked. 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 abused/trafficked person's behalf by the parent or guardian, an attorney under a power of attorney that authorizes that attorney to give the consent on the abused/trafficked person's behalf; or a person who is otherwise authorized to give the consent on the abused/trafficked person's behalf.***

I, \_\_\_\_\_ (name of applicant) have applied for Special Priority Status on the DNSSAB Housing Programs Department's rent geared-to-income assistance (RGI) waiting list.

I, hereby authorize \_\_\_\_\_, my \_\_\_\_\_  
(Full name of professional) (Professional relationship, e.g. doctor)

to complete this form and consent to the disclosure of any supporting information requested by the DNSSAB Housing Programs Department to assess my application.

\_\_\_\_\_  
Signature of applicant (or person authorized to sign on behalf of the abused person)

\_\_\_\_\_  
Date signed



## Verification of Abuse or Trafficking

### Information for professionals providing verification of abuse/trafficking

Special priority status applicants have priority over applicants that are not in the special priority category on the rent-geared-to-income lists. The DNSSAB Housing Programs Department relies on supporting documents from professionals to ensure that special priority is only given to those who truly qualify.

You are being asked to complete this Verification Record to confirm that the applicant in Part A has been a survivor of : 1) human trafficking; or 2) abuse by an intimate partner, immigration sponsor, relative, or a person who is in an emotionally, physically, or financially dependent relationship with the applicant.

DNSSAB may allow a request to be submitted later than three months after the applicant ceased to live together with the abuser if the statement that the applicant has been subject to abuse from another individual can be verified, is satisfied that the abuse is ongoing at the time the request is submitted and the applicant's personal safety is at high risk.

### The following professionals can provide Verification of Abuse/Trafficking:

<ul style="list-style-type: none"> <li>• A doctor</li> <li>• A registered nurse or a registered practical nurse</li> <li>• A lawyer</li> <li>• A law enforcement officer</li> <li>• A minister of religion authorized under provincial law to perform marriages</li> <li>• A registered early childhood educator</li> <li>• A teacher</li> <li>• A guidance Counsellor</li> <li>• An individual in a managerial or administrative position with a housing provider</li> </ul>	<ul style="list-style-type: none"> <li>• An indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper</li> <li>• A member of the College of Midwives of Ontario</li> <li>• An aboriginal person who provides traditional midwifery services</li> <li>• A registered social worker</li> <li>• A registered social service worker</li> <li>• A psychotherapist, registered psychotherapist or registered mental health therapist</li> </ul>
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If you are not one of the professionals listed above, but are employed by a social support agency you may still provide a verification record signed by you as well as a person who has authority to bind the agency.

**If you are not employed in any of the above roles but you have direct knowledge that the applicant has been subjected to abuse or trafficking, you may provide verification by declaration of the truth of this record as administered by a commissioner for taking affidavits (go to Part G).**

### Part F: Professional's information and declaration

Full Name	Position/Title	Professional designations	
Organization name		Telephone number	
Address			P.O. Box
City	Province	Postal code	



Full Name		Relationship to applicant	
Professional designation(s) or social support agency you are employed with if any		Telephone number	
Address		P.O. Box	
City	Province	Postal code	

**NOTE: The applicant's request for special priority cannot be considered without this completed form AND your letter of verification (see Page 1 for the requirements of this written record).**

I have a **professional** relationship with the client and I am eligible to complete this form (as outlined on page 2 of this document).

☐ Yes ☐ No

I do not work with the applicant in a professional role, but I have direct knowledge that the applicant has been subject to human trafficking or abuse. **I understand that I must have this verification record and my letter of support notarized as to the truth of the records by a commissioner for taking affidavits.**

☐ Yes ☐ No

I have reviewed the definition of abuse/trafficking outlined in this form, and it is my professional assessment that this applicant has experienced abuse/trafficking.

☐ Yes ☐ No

I have attached a dated letter providing a detailed account of the applicant's situation of abuse/trafficking (**please see page 1 of this package to see requirements of this written record**)

☐ Yes ☐ No

I am aware of my responsibility in providing the confirmation of abuse/trafficking and declare that the information I have provided is an accurate account of the applicant's situation.

☐ Yes ☐ No

Signature of verifier

Date signed

### Completion Checklist

- ☐ Completed rent-geared-to-income housing application
- ☐ Parts A, B or C completed
- ☐ Signed and dated declaration and authorization by applicant (Parts D and E)
- ☐ Proof of cohabitation documents (not applicable for survivors of trafficking)
- ☐ Signed and dated verification by a qualified individual as described in this package
- ☐ A letter supporting the verification record from the person completing Part F or G of this application

Personal information contained on this form or in attachments is collected, pursuant to the Housing Services Act (2011) Sections 169-176 or 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.