



## VERIFICATION OF SPECIAL PRIORITY STATUS FORM

**WHO MAY COMPLETE THIS FORM AND LETTER:** A physician, lawyer, staff from an emergency shelter, community health staff, law enforcement, or social work fields, and clergy.

**NOTE TO PERSON COMPLETING THIS SECTION:** Your patient/client has applied for social housing through Urban Native Homes Incorporated and may be eligible for special priority due to being a victim of domestic abuse. The special priority is reserved for persons whose situation corresponds to the definition below. It is not available to persons who plan to separate from their spouse where abuse has not been a factor. The information which you provide will assist us in appropriately assessing whether this applicant is eligible for special priority. The confidentiality of your report will be retained in accordance with the Freedom of Information and Protection of Privacy Act. Thank you for your assistance.

**DEFINITION OF ABUSE:** An incident of physical or sexual abuse or words, actions or gestures which have threatened a person's safety or their children's safety by a person with whom the applicant lived or has lived in a familial relationship.

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**APPLICANT'S NAME:** \_\_\_\_\_

1. a) There has been a history of abuse (as defined above):  
 YES     NO  
**OR**
- b) There has been an incident of abuse of a serious nature which indicates or suggests that the applicant is likely to be in danger of serious future harm should the applicant return to or remain in the situation:  
 YES     NO

2. a) The above-named person is currently living with the person abusing her/him:  
 YES     NO  
**OR**
- b) The above-named person has lived with the person abusing her/him in the last 6 months:  
 YES     NO

Please specify when the above-named person last lived with the person whom is abusing him/her.  
Date: \_\_\_\_\_

3. The above-named person is planning to separate permanently from the person who is abusing her/him:  
 YES     NO
4. Name of the Abuser: \_\_\_\_\_

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To complete this form a letter of verification must be attached. The letter must outline the applicant's situations and should include the indicator's of abuse, nature of the relationship between the applicant and the abuser and any other information which would assist Urban Native Homes Incorporated in determining Special Priority status.

**ASSESSMENT COMPLETED BY:**

Name: _____	Phone: _____	
Agency: _____	Position: _____	
Address: _____	City: _____	
Postal Code: _____	Signature: _____	Date: _____

**APPLICANT MUST COMPLETE PAGE 2**

**\*THIS PAGE TO BE COMPLETED BY THE APPLICANT\***

**Authorization to Complete Verification for Special Priority Form**

I hereby authorize the completion of this form on my behalf, and its use by Urban Native Homes Incorporated. I also authorize Urban Native Homes Incorporated to contact the person completing this form and letter for the purpose of clarification if necessary.

Last Name: _____	First Name: _____
Address: _____	City: _____ PC: _____
Home Phone: _____	Business Phone: _____ Date: _____
S.I.N: _____	Signature: _____

This is to confirm that:

I am currently living with the person named as the abuser:  YES  NO

**OR**

I was living with the person named as the abuser **within the last 6 months:**  YES  NO

Please specify the date you left. Date: \_\_\_\_\_

**Verification that you and the person named as abuser resided at the same residence within the last 6 months is required to assess Priority Status. Below are examples of verification that can be submitted.**

Ontario Works/ODSP drug or dental card or letter from your worker	Copy of recent lease or rental agreement	School registration/letter from principal
Statement from a bank	Notice of rent increase	Subsidized daycare documents
Credit card/utility bill/loan documents	Employee benefits/Insurance	Landed paper identifying spouse/ address sponsored to
Mortgage statement	Joint assets/RRSP's statements	OSAP
Property tax statement	Income Tax statement	Letter from family doctor
Legal documents - separation/custody etc.	Child Tax Credit	Insurance documents listing you both

**If one of the above is not available we will discuss other options with you directly.**

**Authorization for Early Destruction of the Letter of Verification**

1. In accordance with regulations made pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O.) 1990, C.F.31, personal information collected for the purpose of accessing not-for-profit housing is to be maintained on file for a minimum of one year.
2. Section 5(1) of Ontario Regulation 460 made under the Freedom of Information and Protection of Privacy Act allows for earlier destruction of personal information if consent is given by the individual to whom the information relates.
3. In signing this form, the applicant gives consent for the early destruction of the Letter of Verification which is required to determine eligibility for not-for-profit housing under the Special Priority Policy for Applicants who are Abused.
4. Destruction of the Letter of Verification is to occur when applicant accepts a unit of housing or:
  - ▶ three months after the cancellation of the application;
  - ▶ three months after the applicant is placed on the regular housing waiting list.

I, \_\_\_\_\_ authorized Urban Native Homes Incorporated.  
(print name)

to destroy the Letter(s) of Verification provided on my behalf to Urban Native Homes Incorporated to satisfy the requirements for accessing housing under the Special Priority Policy for Applicants who are Abused in accordance with paragraph 4 above.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**