

City of Kawartha Lakes
Human Services
Box 2600, 68 Lindsay Street North
Lindsay, ON K9V 4S7
705-324-9870
cklhumanservices@kawarthalakes.ca

# Application for Special Priority Housing City of Kawartha Lakes or the County of Haliburton

both parts of the Special Priority Application. These are the:				
Declaration of Abuse or Trafficking	Verification Record			
This Application must be completed in addition to the:  Application for Community Housing				

#### What is Special Priority Status?

Households that are eligible to apply for community housing are generally placed on the centralized waiting list in the order that they apply. This means that the earliest applicants will normally be offered housing first.

However, you may be moved to a higher place on the centralized waiting list if you are a victim of domestic violence or a victim of human trafficking. While there are circumstances where a household may experience both types of abuse - domestic violence and trafficking, for the purposes of special priority eligibility, a household can only apply for special priority under one stream.

#### **Victims of Domestic Violence:**

Special priority status is intended to help you separate permanently from someone who is abusing you. It is given to applicants whose personal or family's safety is at risk, and does not apply to applicants who simply want to separate from someone because the relationship is not working.

Domestic violence is defined as one or more incidents of physical or sexual violence, controlling behaviour, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten the member or lead the member to fear for his or her safety.

#### **Victims of Human Trafficking:**

Special priority status is intended to ensure that housing is not a barrier to the household to leave a situation where they are victims of human trafficking in circumstances where they cannot afford private market accommodation.

Trafficking is defined as: one or more incidents of recruitment, transportation, transfer, harbouring or receipt of an individual 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.

#### Who is Eligible for Special Priority Status Victims of Domestic Violence?

In order to qualify for special priority status, you must first be eligible for community housing. If you are eligible for community housing, you may also be given Special Priority status on the waiting list if:

- You are currently living with someone that is abusing you or another person in your household
- You used to live with someone who was abusing you or another person in your household, and stopped living with them three months ago or less. In some circumstances, you may still be considered for Special Priority status if you have been separated for longer than three (3) months.
- You are a sponsored immigrant, and your sponsor is abusing you or another person in your household.

#### Who is Eligible for Special Priority Status-Victim of Human Trafficking?

Relationship to applicant:

In order to qualify for special priority status -victim of human trafficking, you must first be eligible for financially assisted housing. If you are eligible for community housing, you may also be given Special Priority status on the waiting list if:

You are currently being trafficked or if the trafficking has stopped within three months of the date of
your request for special priority. In some circumstances, you may still be considered for Special
Priority status if it has been more than three (3) months since you were trafficked

## Declaration of abuse or trafficking

to be completed by the applicant requesting special priority status

I'm applying for Special Priority under the following circumstances (only choose one):

Victim of domestic violence (complete section A and C)

Section A:

This section to be completed by a victim of domestic violence:

I Declare that I have been abused by:

Name of person (abuser):

I declare that I intend to permanently live apart from this person and that (choose one (1));;					
I am currently living with this person					
I have not lived with this person since					
I have never lived with this person					
This person is my Canada Immigration sponsor					
If you have not lived with this person within the last three months, please indicate why you have not applied for Special Priority Status until now:					
Date you stopped living with person?					
Proof of residence					
I have attached proof that I live with or have lived with this person (e.g. copy of lease, rent receipts, utility bills)					
Section B:					
This section is to be completed by a victim of human trafficking:					
Declare that I am or have been a victim of human trafficking within the last three (3) months.					
If you have not been involved in human trafficking within the last three months, please indicate why you have not applied for Special Priority Status until now:					

### **Section C:**

This section to be completed by victims of domestic violence and victims of human trafficking:

I REQUEST Special Priority on the centralized waiting list for community housing.

**I CONSENT** to the destruction of the Verification Record and all supporting documentation if I become ineligible for community housing or become housed.

**I CONSENT** to the disclosure to the City of Kawartha Lakes of the Verification Record and any other information or documents it may request to verify this Declaration in order to determine my eligibility for Special Priority status.

Personal information contained on this form is collected under the authority of the Housing Services Act, 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 current/or inclusion in the Special Priority Household category.

Applicant's Name:		Date of Birth
Applicant's Signature:		Date:
Please provide us with a phone number, alterna contact you:	te phone number and add	dress below that we can <b>safely</b>
Phone Number: Alternate Phone N	lumber and name (if ap	plicable):
Safe Mailing Address:		
If the applicant for Special Priority status is under as their parent, guardian or power of attorney, p	-	
Your Name:	Relationship to	applicant:

## Verification record of abuse or trafficking:

To be completed by a person who knows the applicant for special priority and can confirm their declaration of abuse or trafficking

Name of special priority applicant:  Organization: Telephone Number:		Name of person completing verification record:  Address:		
doctor	lawyer	teacher	registered nurse/practical nurse	
law enforcement officer	member of the clergy	guidance counsellor	social housing provider	
registered social worker	registered social service worker	registered early childhood educator	member of College of Midwives of Ontario	
aboriginal person who provides traditional midwifery services	psychotherapist, registered psychotherapist or registered mental health therapist	Indigenous Elder, Traditional Person or Knowledge Keeper		
OR				
	ne applicant in my profession des social support services	nal role as a person employe .*	ed by an agency or	
OR				
	oject to abuse. (You must al	roles, but that I have direct I so supply a supporting letter	•	

## **Declaration:**

that apply):	art A of this application, a	ind (please check all			
My professional assessment is the applicant is a vict	tim of human trafficking				
My professional assessment is that the applicant has experienced one or more incidents of physical or sexual violence by the person named in Part A.					
My professional assessment is that the applicant has experienced one or more incidents of abuse, controlling behaviour by the person named in Part A.					
My professional assessment is that the person in Part A has intentionally destroyed or injured the applicant's property.					
My professional assessment is that the words, action treatened the applicant or made them fear for their same	•	n in Part A have			
I have attached as verification:					
a letter supporting the above noted statements (mandatory for anyone completing this verification record)					
a declaration of the truth of this record as administered by a commissioner for taking affidavits (required only if you do not work in a professional capacity with the applicant)					
I declare that the information that I have provided in this formaccount of the applicant's situation.	n and any supporting docume	ntation is an accurate			
Signature of person completing the verification re	cord:	Date:			
*If this form was completed by a person employed by an age (see page 5), the following has to be completed:	ency or organization that provi	des social support services			
Name: (please print) - I/We have the authority to bind the Corporation:	Name of Agency:	-			
Signature:		Date:			