

SPECIAL PRIORITY (SPP) APPLICATION PACKAGE FORM # SH-901-2018

Information Sheet

The District Municipality of Muskoka maintains the Centralized Wait List (CWL) for rent-geared-to-income (RGI) housing. Most applicants are placed on the wait list according to the date they applied. Applicants with SPP status are placed higher on the wait list.

What is SPP status?

SPP status aims to help you escape from human trafficking or separate permanently from someone who is abusing you.

Who is eligible for SPP status?

You may be granted SPP if:

- You are a victim of human trafficking.
- You are a sponsored immigrant, and your sponsor is abusing you or your children.
- You are living with someone who is abusing you or your children, or you stopped living with them in the last three months. In limited circumstances, we may consider your application after 3 months.

How long will I wait for RGI housing?

RGI housing is not emergency housing. There are long waits for RGI even if you have SPP status. If you are eligible for SPP, you will be placed ahead of non-priority applicants on the wait list, but you will still be behind SPP applicants who applied before you.

While you are on the waiting list, you will still need to look for affordable housing in the private market – even if you have SPP status.

How do I apply for SPP status?

You must have someone verify your claim of human trafficking or abuse. Normally, this person is a professional working with you because of the human trafficking or abuse.

You and the person verifying the abuse must complete the attached SPP Application package.

Please make sure to include the following:

- Part A: Declaration of Human Trafficking or Abuse
- Part B: Proof of Co-Residency (not required for human trafficking)
- Part C: Verification Record
- Letter of Support as set out in Part C
- Part D: Applicant Contact Information

If this information is required in an accessible format, please contact info@muskoka.on.ca

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PART A: DECLARATION OF ABUSE OR HUMAN TRAFFICKING

**This Declaration is completed by the applicant for Special Priority (SPP) status:
If you are applying because you have been abused, complete Section 1
If you are applying because of human trafficking, complete Section 2**

Applicant First Name: _____ **Last Name:** _____

Section 1: Declaration of Abuse

I have been abused by (name): _____

My abuser is my intimate partner or relative (relationship): _____

My abuser is my Canada immigration sponsor.

My abuser is somebody else (relationship): _____

I declare that I intend to live permanently apart from this person and that:

I am currently living with this person

I have not lived with this person since (date): _____

I have never lived with this person

Signature: _____ **Date:** _____

Go to Part B: Proof of Co-Residency

Section 2: Declaration of Human Trafficking

I am being or have been trafficked by (name): _____

I am currently being trafficked.

I stopped being trafficked on (approximate date): _____

I declare that I intend to live permanently apart from my trafficker(s).

Signature: _____ **Date:** _____

Go to Part C: Verification Record

PART B: PROOF OF CO-RESIDENCY

(Not required for human trafficking)

Applicant First Name: _____ **Last Name:** _____

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 Co-residency.

If you are receiving social assistance:

- I have attached Proof of Co-residency from my Ontario Works or Ontario Disability Support Program (ODSP) caseworker.

If you are NOT receiving social assistance:

- I have attached Proof of Co-residency showing that the person who abused me and I lived together within the last 3 months.

You must provide Proof of Co-residency showing that you and the person who abused you lived together within the last 3 months.

- Documents must be dated within the last 3 months.
- Examples of documents we accept include currently-dated leases, rent receipts, utility bills, a letter from your landlord, government documents, home or tenant insurance documents, paystubs or employer statements.
- We do not accept phone bills, internet bills, letters from friends.
- If both your name and your abuser's name do not appear on a document together, you may give us more than one document to show you living at the same address at the same time.

If you are applying more than 3 months after separation:

You must tell us why you have not applied for Special Priority status until now:

- I have attached Proof of Co-residency showing that the person who abused me and I lived together at some point in the past.

See above for examples of acceptable documents.

[Go to Part C: Verification Record](#)

This Verification Record must be completed by someone who can confirm information provided in Part A: Declaration of Abuse or Human Trafficking.

PART C: VERIFICATION RECORD

Applicant First Name: _____ **Last Name:** _____

Note to Person completing Verification Record:

- You are being asked to complete this Verification Record to confirm that the applicant has been a victim of: 1) abuse or 2) human trafficking; by an intimate partner, immigration sponsor, relative, or a person who is in an emotionally, physically, or financially dependent relationship with the applicant.
- You are being asked only to verify the instances of abuse or human trafficking and are not making a recommendation for the applicant's housing placement.
- You must attach a letter outlining the instances of human trafficking or abuse, including timelines. This letter is mandatory.

Name of person verifying trafficking or abuse: _____

Position/title: _____

Professional designations: _____

Agency/organization: _____

Address: _____

Telephone: _____

I declare that I have reviewed the information in Part A of this application, and (please check all that apply):

- My professional assessment is the applicant is a victim 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 abusive, controlling behaviour by the person named in Part A.
- My professional assessment is that the words, actions or gestures of the person in Part A have threatened the applicant or made them fear for their safety.

PART C: VERIFICATION RECORD (PAGE 2 OF 3)

Relationship to applicant in Part A:

Applicant First Name: _____ **Last Name:** _____

I am working with the applicant around the issue of human trafficking or abuse in my professional capacity as a:

Registered social worker

Housing provider

Registered social service worker

Lawyer

Police officer

Doctor

Registered mental health therapist or psychotherapist

Minister of religion

Registered nurse or registered practical nurse

Teacher

Registered early childhood educator

Guidance counsellor

Midwife

Indigenous leader

I am not a member of one of the above professions, but I am working with the applicant in my professional role around the issue of human trafficking or abuse. **I understand that I must have this Verification Record signed by a person who has the authority to bind my agency or organization.**

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.**

Reminder to person completing Verification Record:

- You must attach a letter of support outlining the instances of human trafficking or abuse, including timelines. This letter is mandatory.
- If you are not working with the applicant in your professional role, you must have this Verification Record and your letter of support notarized as to the truth of the records by a commissioner for taking affidavits.

PART C: VERIFICATION RECORD (PAGE 3 OF 3)

Verification Declaration and Applicant Consent:

Applicant First Name: _____ **Last Name:** _____

Verification Completed by:

Name: _____ **Position:** _____

Organization: _____ **Phone Number:** _____

Address: _____

I have reviewed the information about the verification process and the indicators of abuse necessary to access rent-geared-to-income housing under the Special Priority Policy.

I have attached a verification letter providing information about the applicant's situation.

I am aware of my responsibilities in providing verification information and declare that the information I have provided is an accurate account of the applicant's situation.

Signature: _____ **Date:** _____

Name of Supervisor / Director: _____

Signature: _____ **Date:** _____

To Be Completed by Applicant

I, _____ (name) hereby authorize and consent to:

- a. The completion of this form and its submission to The District Municipality of Muskoka.
- b. The disclosure to The District Municipality of Muskoka of any additional information it may request to clarify the information contained on this form.

Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

PART D: APPLICANT CONTACT INFORMATION

Applicant First Name: _____ Last Name: _____

Home Number: _____ Can we call you at home? Yes No

Cell Number: _____ Can we call you at home? Yes No

Work Number & Ext: _____ Can we call you at work? Yes No

Please provide a safe mailing address below:

Street Address: _____ Unit: _____

City: _____ Postal Code: _____

To Be Completed by Applicant

I, _____ (name) hereby authorize and consent to The District Municipality of Muskoka contacting the person named below as my alternate contact if the District of Muskoka is unable to contact me personally. I consent to the disclosure to The District Municipality of Muskoka of any additional information it may request to clarify the information contained on this form.

Pursuant to the Freedom of Information and Protection of Privacy Act.

For the purpose of determining or verifying my eligibility for special priority housing with the District Municipality of Muskoka. Personal information may be disclosed to any the following named persons. The applicant consents to the verification, disclosure and transfer of information given on this form. The applicant understands that the inquiries may take the form of electronic data exchange. The applicant understands that this information will be used to determine my initial or ongoing eligibility for social housing.

Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

You may also provide the contact information of an alternate person, who would be contacted by us only in the event that we are unable to contact you:

Name of Alternate Contact: _____

Home Phone Number: _____

Cell Phone Number: _____

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and is subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information will be kept confidential and used only for the purpose of assessing eligibility for SPP Status. Questions about this collection should be forwarded to the info@muskoka.on.ca