



Region of Waterloo

COMMUNITY SERVICES

## Community Housing Access Centre (CHAC)

Phone: (519) 575-4400 TTY: (519) 575-4608

Email: [housingapplication@regionofwaterloo.ca](mailto:housingapplication@regionofwaterloo.ca)

Website: [www.regionofwaterloo.ca/chac](http://www.regionofwaterloo.ca/chac)

Address: 20 Weber St E, Kitchener, ON N2H 1C3

# Request for Special Priority for Victims of Domestic Violence

## What is Special Priority for Victims of Domestic Violence (SPP- DV)?

Special priority status may be assigned to support victims of domestic violence to permanently separate from their abuser by providing priority access to subsidized housing. This priority is only for applicants who have recently separated from their abuser or are looking to separate from their abuser. It is not intended for applicants wanting to separate because a relationship is not working or who have experienced a relationship breakdown.

## Who is eligible for SPP- DV?

In order to be granted SPP- DV, you or a member of your household have experienced one or more incidents of physical or sexual violence or words/actions/gestures which threaten the safety of one's person, family or property. You are living with or have separated from the abuser in the last three (3) months, and you intend to permanently separate. The abuser is an intimate partner or another relative/family member or someone a member of the household depends on emotionally, physically or financially.

In the case of an immigration sponsorship, you are a sponsored immigrant and your sponsor is abusing you or another person in your household. You do not have to live or have lived with the abuser in this case.

## Proof of Cohabitation

In order to be granted SPP- DV you are required to provide proof that you currently live with your abuser or that you resided together within the last three months. Documents provided must be dated within the last three months and include at least one acceptable document with both of your names and the joint address **OR** one document with your name and the joint address and one document with the abuser's name and the joint address.

## Acceptable Documents for Proof of Cohabitation

We require one or more of the documents listed below that show the abused household member and the abuser at the same address during the same period of time.

- ✓ Current lease or rental agreement
- ✓ Notice of rent increase on LTB form
- ✓ Joint Assets/RRSP statements
- ✓ Government letter/statement (Child Tax Benefit, GST, Employment Insurance, National Child Benefit Supplement, Canada Revenue Agency, Workplace & Safety Insurance Board, etc.)
- ✓ Ontario Works or Ontario Disability statement
- ✓ Joint loan documents
- ✓ Mortgage statements/documents
- ✓ Property Tax statements
- ✓ Notice of Assessment from Canada Revenue Agency
- ✓ Insurance policy documents
- ✓ Subsidized daycare documents – Region of Waterloo only
- ✓ Utility bills – Gas/Water/Hydro only
- ✓ Legal documents (separation, custody/access, child support)
- ✓ Confirmation of a current social housing tenancy with a local provider
- ✓ Letter from Immigration, Refugees and Citizenship Canada (IRCC) confirming breakdown in sponsorship

## How to Apply

• **If you are not currently on the waiting list for Community Housing**, you must complete the Application for Community Housing along with the request for Special Priority for Victims of Domestic Violence.

Copies of both forms are available on our website at:

<https://www.regionofwaterloo.ca/en/living-here/find-affordable-housing.aspx>

For other options on how to obtain the forms, please contact our Service First Contact Centre by calling **519-575-4400**.

• **If you are already on the waiting list for community housing**, you will only need to complete and submit the Request for Special Priority for Victims of Domestic Violence.

## Applicant Contact Information (How can we safely contact you?)

Full Name:		Safe telephone #:	
Safe email:			
<b>Safe mailing address:</b>			
Street address:		Unit #:	
City:	Province:	Postal Code:	
Safe alternative contact person's name and number:			

## Declaration of Abused Individual

I declare that I or someone in my household are a victim of domestic violence and intend to live and intent to permanently separate from the abuser.

- I/We are currently living with the abusive person.
- I/We have not lived with the abusive person since (mm/dd/yyyy): \_\_\_\_\_
- I/We have never lived with the abusive person.
- The abusive person is my Sponsor for Canadian Immigration.

What is the full name of the person who was abused?	What is their date of birth? (mm/dd/yyyy)	
What is the abuser's full name?		
What is your relationship with the abuser? <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Immigration Sponsor (attach proof) <input type="checkbox"/> Other (please describe): _____		
<b>What is the address of the residence you shared with the abuser?</b>		
Street address:	Unit #:	
City:	Province:	Postal Code:
Do you rent or own the residence where you shared with the abuser? <input type="checkbox"/> Rent <input type="checkbox"/> Own		

## Declaration and Consent to Disclosure

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

I request that my application be given SPP- DV on the waiting list.

I, \_\_\_\_\_ declare that it is my intention to permanently separate from \_\_\_\_\_, the abusing member of the household.

I confirm that all the information provided on this form is true and complete.

I understand that all information I give to CHAC will belong to them.

I, \_\_\_\_\_, hereby authorize and consent for CHAC to verify all information and documents provide to access my eligibility for SPP- DV. That includes permission to contact the issuer of any supporting documentation.

I hereby authorize \_\_\_\_\_ my, \_\_\_\_\_ to  
(Name of Professional) (Professional relationship (i.e.: doctor))

Complete this form and consent to the disclosure of any supporting information requested by CHAC to assess my application.

Applicant's Signature:

Date:

Parent/Guardian's Signature:

If applicant under the age of 16

Date:

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. The information will be kept confidential and used only for the purpose of assessing eligibility for SPP- DV.

# Professional Verification of Abuse

## Information for Professionals Providing Verification of Abuse

Applicants who are granted SPP- DV rank ahead of everyone else on the waiting list for affordable housing and are given top priority for housing offers. CHAC relies on the assessment and written verification of abuse from a defined list of professionals to ensure applicants meet all the eligibility criteria for this priority.

Relationship to applicant: I am working with the applicant around the issue of domestic violence in my professional capacity as a:

- Registered Social Worker
- Registered Social Service Worker
- Registered Mental Health Therapist or Registered Psychotherapist
- Registered Nurse or Registered Practical Nurse
- Registered Early Childhood Educator
- Doctor
- Lawyer
- Law Enforcement Officer
- Housing Provider
- Minister of Religion authorized under provincial law to perform marriages
- Teacher / Guidance Counsellor
- A member of the college of Midwives of Ontario or an Aboriginal person who provides traditional midwifery services
- Indigenous Elder, Indigenous Traditional Person or Indigenous Knowledge Keeper

## Information about Verifier

Professional's Information and Declaration:		
Full Name:		Position/Title:
Professional Designation:		Registration / License Number:
Organization:		
Street mailing address:		Unit #:
City:	Province:	Postal Code:
How long have you known/worked with the applicant in a professional capacity?		

## Declaration of Verifier

		YES	NO
I have a professional relationship with the applicant that extends beyond completing this verification of domestic violence.		<input type="checkbox"/>	<input type="checkbox"/>
I have reviewed the information on this form and in my professional capacity have assessed and verified my client is a victim of domestic violence and meets the criteria for this priority.		<input type="checkbox"/>	<input type="checkbox"/>
I declare to the best of my knowledge, the information I have provided in the attached letter is a true and accurate account of the household's situation.		<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional's Signature:</b>		<b>Date (mm/dd/yyyy):</b>	
<b>Name of Supervisor:</b>	<b>Supervisor's Signature:</b>	<b>Date (mm/dd/yyyy):</b>	

**Important Note:** The applicant's request for SPP- DV cannot be considered without this completed form **AND** your letter which includes:

- Your organization letterhead, professional verifiers signature, and a date.
- Examples describing the indicators of abuse that apply to your client's situation.
- The relationship between your client and the abuser.
- Any information regarding the living arrangements between your client and the abuser.