



**COMMUNITY HOUSING ACCESS CENTRE (CHAC)**  
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## REQUEST FOR ESCAPING VIOLENCE STATUS

### INFORMATION FOR APPLICANTS

In order to request Escaping Violence Status, please complete all sections of this form and **attach a letter** completed by a qualified professional in the **domestic violence or justice system** who can verify that the household meets the Escaping Violence Status criteria. If you have not already done so, you will also be required to submit an Application for Community Housing. Only those households who are eligible for community housing will be considered for this status.

**Note:** Escaping Violence Status is not a waiting list priority but a special status. What it means is that qualified applicants will be selected from this waiting list category if there are no higher ranking priority applicants, and ahead of other non-priority applicants for every 10<sup>th</sup> offer. If an applicant with Escaping Violence Status refuses the first offer of housing, the status will be removed and they will be placed on the regular chronological waiting list for the final two offers.

### WHAT IS ESCAPING VIOLENCE STATUS?

Escaping Violence Status may be assigned to an applicant household who meets all of the criteria for Special Priority Status with the exception of proof of co-habitation OR is presently experiencing exceptional risk due to criminal activity.

### WHO MAY REQUEST ESCAPING VIOLENCE STATUS?

Any member of a household applying for community housing in the Region of Waterloo may request the household be given the Escaping Violence Status. Only applicant households who satisfy the Escaping Violence criteria as noted above, who have resided in the Region of Waterloo for the last 12 consecutive months, exhausted their market rent housing options and have a monthly income that is less than the amounts listed below will be considered for this status.

Unit Size	Maximum monthly income
Bachelor	\$1,350
One Bedroom	\$1,725
Two Bedroom	\$2,100
Three Bedroom	\$2,550
Four + Bedroom	\$3,275

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate (month/day/year): \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_

Alternate Contact Person's Phone Number: \_\_\_\_\_

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 Escaping Violence Status.

## DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the individual who is requesting Escaping Violence Status. If that individual 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 applicant's behalf by the parent, guardian, power of attorney or any other person who is otherwise authorized to give the consent on the applicant's behalf.

I request that my application be given Escaping Violence Status on the waiting list and confirm that everything I have written on this form is true and complete.

I understand that all information I give to Region of Waterloo Co-ordinated Access System (ROWCAS) will belong to them. In situations where the member of the household will be seeking Ontario Works (OW) or Ontario Disability Support Program (ODSP) funding, the member of the household will allow ROWCAS to exchange information with OW and ODSP for the purpose of verifying their eligibility for Escaping Violence Status.

I, \_\_\_\_\_, hereby authorize and consent to the disclosure to ROWCAS of information and documents required by ROWCAS for the purpose of verifying the statements on this form and assessing my eligibility for Escaping Violence Status.

### ADDITIONALLY,

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

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

Applicant/Authorized Designate Signature: \_\_\_\_\_

Date (month/day/year): \_\_\_\_\_

Parent/Guardian Signature (If Under the Age of 16): \_\_\_\_\_

Date (month/day/year): \_\_\_\_\_

**INFORMATION FOR PROFESSIONALS PROVIDING VERIFICATION OF ESCAPING VIOLENCE STATUS**

ROWCAS relies on the written verification of applicant households escaping violence from knowledgeable professionals in the **domestic violence or justice system** to ensure status is granted to those that truly qualify.

**To qualify, applicants must:**

- Be eligible for rent-geared-to-income assistance; AND
- Submit a completed Request for Escaping Violence Status form with the verification section completed by a qualified professional who works in the domestic violence or justice system; AND
- Meet the established criteria for Escaping Violence Status.

**VERIFICATION OF ESCAPING VIOLENCE STATUS SECTION FOR PROFESSIONALS**

**PROFESSIONAL'S INFORMATION & DECLARATION**

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Note:** The applicant's request for Escaping Violence Status cannot be considered without this completed form AND your letter describing how the eligibility criteria apply to the applicant's situation.

I have reviewed the definition and eligibility criteria for Escaping Violence Status outlined in this form and in my professional capacity have attached a letter outlining why I believe this applicant meets the Escaping Violence criteria.

YES  NO

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 member of the household's situation.

YES  NO

I understand that ROWCAS will rely on the information I have provided to assess the member of the household's eligibility for Escaping Violence status.

YES  NO

Professionals Signature: \_\_\_\_\_

Date (month/day/year): \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date (month/day/year): \_\_\_\_\_