



London  
CANADA

# Request for Special Priority

Housing Access Centre (HAC) /Centre d'accès de logement  
Citi Plaza | 355 Wellington Street | Suite 248, 2<sup>nd</sup> Floor | London ON N6A 3N7  
Tel: 519 661-4663 (HOME) | E-mail: [hac@london.ca](mailto:hac@london.ca) [www.london.ca/housing](http://www.london.ca/housing)

## For office use only

Client number

Page 1 of 4

### DEFINITION OF ABUSE

Abuse is an incident of physical or sexual violence, controlling behaviour, or intentional destruction of or intentional injury to property, or words, actions or gestures that threaten an individual or lead an individual to fear for his or her safety.

### DEFINITION OF AN ABUSER

The abuser is a person's spouse, parent, child or another relative, OR the abused person's immigration sponsor, OR a person on whom the abused person is emotional, physically or financially dependent.

### INFORMATION FOR APPLICANTS

1. Must complete **Section 1 and 2** of this form.
2. Document(s) that prove you are or were living with the abuser must be submitted as well (see below for Proof of Cohabitation).
3. Must attach a letter completed by a qualified professional who can verify the abuse applicable to the applicant's situation. (See the list of qualified professionals below).

**PLEASE NOTE:** If you have been separated from the abuser for more than three months and you believe that you or someone who lives with you is at risk of further abuse, the letter from your qualified professional and agency or organization must explain the on-going risk.

### INFORMATION FOR QUALIFIED PROFESSIONALS

1. Must complete **Section 3** of this form.
2. Must attach a letter to the application describing the indicators of abuse applicable to the applicant's situation.
3. All documents from professionals should be original, signed copy on the Company letterhead.

**PLEASE NOTE:** If the person completing the form does not hold one of the qualified designations, the support letter must be signed by both the worker and the person who has authority to bind the agency or organization.

### LIST OF QUALIFIED PROFESSIONALS

The Housing Access Centre (HAC) relies on documentation from verifying professionals to ensure that special priority is only given to those who truly qualify. Examples of professionals are:

- ✓ Doctor
- ✓ Knowledge Keeper
- ✓ Law Enforcement Officer
- ✓ Lawyer
- ✓ Member of the Clergy
- ✓ Registered Nurse
- ✓ Teacher
- ✓ Guidance Counsellor
- ✓ Registered Practical Nurse
- ✓ Indigenous Elder, Traditional Person
- ✓ RA member of College of Midwives ON
- ✓ Registered Social Worker or Social Service Worker
- ✓ An aboriginal person who provides traditional midwifery services
- ✓ An individual in a managerial or administrative position health care with a housing provider services

### IMPORTANT NOTE TO THE PERSON COMPLETING THIS FORM

As receiving Special Priority status may allow applicants to move ahead of other applicants on the waiting lists for housing, the Housing Access Centre must ensure that this status is reserved for those who truly need it.

**All information disclosed to the Housing Access Centre (HAC) will remain confidential.**

Note: Deliberately providing false or inaccurate information for the purpose of receiving priority for RGI assistance will affect your status and eligibility for housing.

**As of January 1, 2021, applicants will only receive one offer of RGI housing. If you do not accept this offer, you will be removed from the centralized social housing waitlist. This rule applies to all applicants on the centralized social housing waitlist.**



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|---------------|

## PROOF OF COHABITATION

Please ensure that documentation for the “verification of co-residency” that you and the person named as the abuser lived at the same residence within the last 3 months is provided as part of your Request for Special Priority Status. One of the following documents (identifying the name and address of the abuser) can be used in combination with evidence that the special priority applicant also resides or resided at that address. Alternatively, an address record is provided with the names of the victim and the abuser. More than one piece of documentation may be required when information is conflicting.

- ✓ Notice of rent increase or decrease
- ✓ Condominium fees
- ✓ Lease or rental agreement
- ✓ Mortgage statement/documents
- ✓ Property deeds
- ✓ Land registry records
- ✓ Subsidized day-care documents
- ✓ School registration
- ✓ Child Tax Credit
- ✓ Insurance policy documents and/or premium receipts
- ✓ Rent receipt or letter from the landlord with their name, address and phone number
- ✓ OSAP statements/documents
- ✓ Ontario Driver’s License
- ✓ Statement from a Bank
- ✓ Income Tax Statement/Assessment
- ✓ Ontario Works or ODSP statements
- ✓ Joint assets/RRSP statements/document
- ✓ Employment Insurance statements/documents
- ✓ Credit card statements/utility bills/loan documents
- ✓ Property taxes

**Note:** This list is not all-inclusive or exhaustive. It provides a sample of what documents may be accepted by HAC as proof of cohabitation. Other documents may be accepted if (1) it reflects the “same” full address when the client and alleged abuser resided together when the abuse took place, (2) is dated within the time period preceding the date the client’s application is submitted to HAC, (3) includes the client and alleged abuser’s full names (separate documents may be submitted if the client and abuser did not have joint assets) and (4) it is obtained from an unbiased source. If none of the above documents are available, we will discuss other options with you directly.

## SECTION 1: APPLICANT CONTACT INFORMATION

|                                                                                                    |                 |            |                                            |                 |  |
|----------------------------------------------------------------------------------------------------|-----------------|------------|--------------------------------------------|-----------------|--|
| Last Name                                                                                          |                 | First Name |                                            | Middle Initials |  |
| Date of Birth                                                                                      |                 |            |                                            |                 |  |
| Unit #:                                                                                            | Current Address | City       | Province                                   | Postal Code     |  |
| <b>Is it safe to send mail to this address?</b> <input type="radio"/> Yes <input type="radio"/> No |                 |            |                                            |                 |  |
| A safe telephone number where we can call you                                                      |                 |            | A safe mobile number where we can call you |                 |  |
| A safe email address where we can write you                                                        |                 |            |                                            |                 |  |
| <b>Please provide safe alternative contact information below:</b>                                  |                 |            |                                            |                 |  |
| Last Name of Alternative Contact                                                                   |                 |            | First Name of Alternative Contact          |                 |  |
| Unit #:                                                                                            | Address         | City       | Province                                   | Postal Code     |  |
| Phone Number of the Alternative Contact                                                            |                 |            | Mobile number of the Alternative Contact   |                 |  |





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Additionally, I hereby authorize \_\_\_\_\_, my \_\_\_\_\_,  
(Name of the qualified professional/agency) (Professional relationship (i.e.: doctor, lawyer))

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

\_\_\_\_\_  
Print full name of applicant or a person authorized to on behalf of the applicant      Signature      Date (YYYY/MM/DD)

### SECTION 3: PROFESSIONAL'S INFORMATION PROVIDING VERIFICATION OF ABUSE

This section must be filled out by the qualified professional. The applicant's request for special priority status cannot be considered without this completed section of the form AND the letter from the professional describing the indicators of the abuse that apply to the applicant's situation

|                           |                |              |
|---------------------------|----------------|--------------|
| Full Name                 | Position/Title | Telephone #: |
| Type/Name of organization | Email          |              |
| Address                   | City/Province  | Postal Code  |

### Declaration and Consent to Disclosure

I have reviewed the definition and indicators of abuse outlined in this form and in my professional capacity have attached a letter describing the indicators of the abuse applicable to the applicant's circumstances.  Yes  No

I declare that to the best of my knowledge, the information I have provided in the attached letter is an accurate account of the applicant's situation.  Yes  No

I understand that HAC will rely on the information I have provided to assess the applicant's eligibility for special priority  Yes  No

\_\_\_\_\_  
Print full name of professional      Signature      Date (YYYY/MM/DD)

The Request for Special Priority Status form and attached documentation can be submitted with your basic application for Rent-geared-to-income housing and can be mailed, emailed, or delivered to:

**City of London, Housing Access Centre**  
**Citi Plaza, 2<sup>nd</sup> Floor**  
**355 Wellington Street, Suite 248**  
**London, ON N6A 3N7**

**Inquiries can be directed to: 519-661-4663 (HOME) or [hac@london.ca](mailto:hac@london.ca)**

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act (2011) Sections 169-176* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, a continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.