

Eligibility Checklist for Inclusion in the Special Priority Household Category *Please check all that apply.*

I am or was a member of a household where I have been subject to abuse from another person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am or was living the abusive person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am or was sponsored by the abusive person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am intending to live permanently apart from the abusive person.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You must have proof that you are or were living with the abusive person

I have attached proof of common address which includes my name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have attached proof of common address which includes the abusive person's name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Details of Living Arrangements

I am or was living with (first and last name of abusive person):	
Date we began living together:	
Lived or living together at this address:	
I continue to live with the abusive person: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I have separated from the abusive person since (date you stopped living together):	
The abusive person is my (eg. partner, parent, roommate, etc.):	

I, _____, hereby authorize and consent to the disclosure to Housing Connections of information and documents required by the agency for the purpose of verifying the above statements provided by myself for eligibility under the Special Priority category.

I solemnly declare that everything I have written on this form is correct and complete.

I understand that all information I give to Housing Connections will belong to Housing Connections.

I understand that if something on this form is incorrect or not true, Housing Connections or the housing provider may cancel my application, take legal action or both.

I consent to disclosure of my personal information by Housing Connections to third parties for the purpose to determine eligibility under the Special Priority Household Category. For questions on the collection of this information, contact the TCHC Municipal Freedom of Information and Protection of Privacy Act Coordinator, 931 Yonge St, 416-981-5500.

Signature:	Date:
Name (please print):	Application number:

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.