

Application for Special Priority on the internal transfer waiting list with your housing provider

1. Eligibility checklist for inclusion in the Special Priority Household category

- I am or was a member of a household where I have been subject to abuse from another person. Yes No
- I am or was living with the abusive person, or was sponsored by the abusive person. Yes No
- I have attached proof that I am or was living with the abusive person. Yes No
- I am intending to live permanently apart from the abusive person. Yes No

Please provide the following information:

I am or was living with _____ since _____
(name of abusive person) (date began living together)

at the following address: _____
(address)

I continue to live with the abusive person. Yes No

I have been separated from the abusive person since _____
(date we stopped living together)

The abusive person is my: _____
(e.g. partner, parent, roommate)

2. Household Information

You will sign a new lease when you transfer. List all members of the household (adults and children), who are included in the transfer request.

Last Name	First Name	Date of Birth D/M/Y	Sex M/F	Relationship to applicant
		/ /		<i>Applicant</i>
		/ /		
		/ /		
		/ /		
		/ /		

Is a baby expected? Yes No If Yes, date expected: _____

Current address: _____

Provide a SAFE address and phone number where you can be contacted:

Street No.	Street Name	Apartment No.	City, Province	Postal Code
Home Telephone No.		Work/Daytime Telephone No.		
Present Social Housing Provider:		Number of bedrooms in current unit:		
Spoken language(s) <input type="checkbox"/> English <input type="checkbox"/> French		Preferred language for correspondence <input type="checkbox"/> English <input type="checkbox"/> French		

3. Consent to Release of Information

I hereby consent to the release by Housing Connections of the information on this form, any attachments and any other information I may provide as part of this application to the City of Toronto, any government or governmental body, housing providers or third parties with whom Housing Connections has an agreement under the Housing Services Act, 2011, without further notice to me, for the purpose of establishing eligibility for special priority, rent-gearred-to-income housing and for the purposes of conducting research related to a social housing or rent-gearred-to-income assistance program.

I understand that all information I give to Housing Connections will belong to Housing Connections and that the information may be subject to the confidentiality and disclosure obligations under the Municipal Freedom of Information and Protection of Privacy Act, Ontario and Housing Services Act, Ontario. 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.

4. Declaration

I understand that I must meet all of the following eligibility rules to be eligible for subsidized housing:

- All members of the household are legal residents of Canada or refugee claimants.
- No member of the household is currently under a deportation, departure or exclusion order to leave Canada.
- At least one person in your household must be 16 years of age or older.
- No member of the household owes money to any social housing provider.
- No member of the household has been convicted of an offence in relation to rent-gearred-to-income assistance or found by a court of law or the Landlord and Tenant Board to have misrepresented their income for the purpose of rent-gearred-to-income assistance
- You must be able to live independently, and make your own arrangements for support services.

I give my word that I am in Canada legally, that only the people I have listed on this application form will live with me in subsidized housing and that everything I have written in this application is correct and complete. 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 and I may be prohibited from re-applying for assistance for a minimum period of two years under the Housing Services Act, 2011. I understand that I must report any changes to this information directly to Housing Connections and that I must update my application with the housing provider at least once a year.

Please sign here (include signature of all household members 16 years of age and older)

X _____ X _____
 X _____ X _____

Date:

Please attach a support letter from a professional that verifies you have been abused. Incomplete applications will be returned.