



Application Form for Special Priority Policy (SPP)

Halton Access to Community Housing (HATCH)
Housing Services

Dear HATCH Applicant,

Thank you for submitting the application form for rent-geared-to-income housing in Halton Region.

On the application form you indicated that you want to apply as a victim of domestic abuse under the Provincial Special Priority Policy (SPP).

Please complete the enclosed **Special Priority Policy Package** and send it to HATCH. Please ensure that sections 2 and 3 of this form are completed by a professional verifier who has in-depth knowledge of the abusive relationship. This could be a family doctor, a law enforcement officer, a shelter support worker, etc.

We will not be able to process your request if the information is incomplete. Please send the completed forms and documents to:

HATCH
690 Dorval Drive, 7th Floor,
Oakville ON L6K 3X9

Faxed forms and documents will not be accepted.

Please note that if we do not receive your information within 30 days of the date of this letter, your application will be processed as a regular application.

Sincerely,

HATCH staff



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The Special Priority Policy (SPP) category for victims of domestic abuse allows applicants to move ahead of all other applicants on the Halton Access To Community Housing (HATCH) waiting list. Verifiers and housing staff must ensure that inclusion in the SPP category is reserved for those who are eligible under the housing regulations and that all requirements are met.

The information is collected under the authority of the *Housing Services Act*, 2011 S.O. 2011, c.6 and is subject to the Municipal Freedom of Information and Protection of Privacy Act, S.O. 1990, c. M.56. The information will be used to determine the applicant’s eligibility to be included in the SPP category (unless stated otherwise). To that end the information provided may be cross-referenced with other municipal data pertaining to the applicant.

1. Applicant requesting SPP status (to be completed by applicant)

Name	Date of Birth
SIN	HATCH confirmation number (if available)
<i>I declare that I am a victim of domestic abuse and that I intend to live separate from my abuser on a permanent basis. I hereby authorize and consent to the completion of this form and its submission to HATCH, as well as the disclosure to HATCH of any additional information it may request to clarify the information in this form.</i>	
Date	Signature

2. Verifier information (to be completed by verifier)

IMPORTANT: The verifier must have in-depth knowledge of the abusive relationship identified on this form. This knowledge is based on the verifier’s professional relationship with the applicant and enables the verifier to make the assessments that are necessary to address the questions in this form.

Name	Organization
Position / job title	Address and telephone number
Please describe your professional relationship with the client	
<i>I am aware of my responsibility in providing a comprehensive verification of abuse and declare that the information I have provided on this form, as well as on possible attachments, is an accurate in-depth professional assessment of the applicant’s situation.</i>	
Date	Signature



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3. Verification of abuse (to be completed by the verifier)

IMPORTANT: This section must be completed – please use this form to that end.

What is the name (first and last) of the abuser?	
What is the date of birth and/or Social Insurance Number of the abuser?	Date of Birth (dd/mm/yy): SIN:
What is/was the relationship between the abuser and the victim?	
At what address did the victim and the abuser live together when the abuse occurred? ¹	
Who else lived at that address when the abuse occurred? (name and relationship to the applicant)	
Name	Relationship
When did the victim and the abuser start living together?	MM/YY:
Do the victim and the abuser still live together?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If they no longer live together, when did they separate?	MM/YY:
If they no longer live together, where does the abuser currently live?	
Does the victim intend to live permanently apart from the abuser?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When did the abuse start?	MM/YY:
Were the police or any other authorities notified? If so, when were they notified?	<input type="checkbox"/> YES <input type="checkbox"/> NO MM/YY:
Is there a Police Occurrence report? If so, what is the occurrence number? Please include this Police Occurrence report with this verification form.	<input type="checkbox"/> YES <input type="checkbox"/> NO Occurrence number:

¹ Proof of cohabitation must be provided (see also suggestions on the last page).
December 2012



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3. Verification of abuse (continued)

IMPORTANT: This section must be completed by the verifier. Please use this form to that end.

Describe the pattern of abuse. Please include as much information as possible to help us understand the circumstances related to this application. Continue on a separate sheet, if additional space is required.



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3. Verification of abuse (continued)

IMPORTANT: This section must be completed by the verifier. Please use this form to that end.

How often did the abuse occur?	
Did the occurrences of abuse increase over time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the intensity of the abuse increase over time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer is YES, please describe.	
When was the last occurrence?	MM/YY:
If the victim and the abuser no longer live together, is the abuse still ongoing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer is YES, in what way is the abuse ongoing?	
Did the victim file for a restraining order?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How did the abuse impact the victim's work situation, family life, friendships, status in Canada, health?	
Will it be necessary for the victim to have a safety plan in place upon moving to subsidized housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If the answer is YES, what are the required safety features?	

CURRENT / PREVIOUS ADDRESSES AND LANDLORD INFORMATION

Provide the address(es) where you lived in Canada for the last five years. Please indicate if you received rent-geared-to-income subsidy. Also, please provide the name and phone number of the landlord.

From (m/y)	To (M/Y)	Street address, City and Province	Subsidized housing?	Name Landlord	Landlord Phone number
	present		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Proof of cohabitation

Please ensure that proof of cohabitation is provided as part of this submission. One of the following documents (identifying the name and address of the abuser) can be used in combination with evidence that the SPP applicant also resides or resided at that address. Alternatively an address record is provided with the names of the victim and the abuser. When information is conflicting additional information may be required.

Acceptable Documents:

- Condominium fees;
- Fire insurance policy and premium receipts;
- Home heating receipts;
- House or apartment insurance;
- Hydro or utility receipts;
- Land registry records;
- Lease or rental agreement;
- Letter from landlord;
- Mortgages;
- Notice of rent increase or decrease;
- Ontario Drivers License;
- Ontario Works or Ontario Disability Support Program statements / documentation;
- Employment Insurance statements / documentation;
- Property deeds;
- Property taxes;
- Rent receipt with landlord's name, address and phone with applicant's and abuser's address on it.

Documents not accepted by HATCH

The following list of documents cannot be accepted, acknowledging this list is not inclusive

- Collection Bills/Past Due Notices
- Envelopes
- Generated 'Marketing' Mail
- Letters from private dwelling landlords
- Magazine Subscriptions / Renewals
- Bank statements
- Ontario School Office Record
- Affidavits
- Phone/Cable/Internet bill statements/bank statements
- Physician/ Dentist - Receipt/Invoice/Letter (Unless the client & alleged abuser shared the same doctor or dentist)
- Health and Dental Insurance - (Claim Statements)



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Please mail this form to...

Regional Municipality of Halton
Halton Access to Community Housing (HATCH)
Housing Services
690 Dorval Drive, 7th Floor
Oakville ON L6K 3X9
FAX: 905-825-8274

More information

Please call HATCH at 905-825-6000 or 1-866-442-5866 for more information about this form.