

Hastings County Social Housing Registry
Application for Special Priority Status

The member making the request for Special Priority must inform Hastings County Housing Services of the way in which they would like to receive information relating to their request for Special Priority. The following information will be kept confidential and used only for the purpose of assessing eligibility for Special Priority Status.

Applicant Information

Name: _____	Cell #: _____
D.O.B. _____	S.I.N. _____

Safe Contact Information

By Telephone	
Name of Contact:	_____
Telephone Number:	_____
By Mail	
Mailing Address:	_____

Other	
Please Specify:	_____

Name of Abuser: _____

Relationship to Applicant: Spouse Parent Child Other Relative
 Person who is sponsoring the individual as an immigrant
 Other (explain): _____

The applicant declares that:

- I am currently living with the abuser.
- I have not lived with the abuser since... Date: _____
- I have never lived with the abuser.
- A member of my household is currently being abused by this person.

If you have not lived with this person in the last three months, please indicate why you have not applied for Special Priority Status until now.

Applicant Declaration Statement:

- I intend to permanently live apart from the abuser.

Applicant's Signature: _____

**This section must be completed by a doctor, a registered nurse or a registered practical nurse, a lawyer, a law enforcement officer, a minister of religion authorized under provincial law to perform marriages, a teacher, a guidance counsellor, an individual in a managerial or administrative position with a housing provider or an individual employed by an agency or organization to provide social support services in the community.*

The applicant meets the following indicators of abuse:

- A record of intervention by the police indicating that the member was abused by the abusing individual.
- A record of physical injury caused to the member by the abusing individual.
- A record of the application of force by the abusing individual against the member to force the member to engage in sexual activity against his or her will.
- A record of one or more attempts to kill the member or another member of the household.
- A record of the use of a weapon against the member or another member of the household.
- A record of one or more incidents of abuse, including the following:
 - Threatening to kill the member or another member of the household.
 - Threatening to use a weapon against the member or another member of the household.
 - Threatening to physically harm the member or another member of the household.
 - Destroying or injuring or threatening to destroy or injure the member’s property.
 - Intentionally killing or injuring pets or threatening to kill or injure pets.
 - Threatening to harm or remove the member’s children from the household.
 - Threatening to prevent the member from having access to his or her children.
 - Forcing the member to perform degrading or humiliating acts.
 - Terrorizing the member.
 - Enforcing social isolation upon the member.
 - Failing to provide or withholding the necessities of life.
 - Threatening to withdraw from sponsoring the member as an immigrant.
 - Threatening to take action that might lead to the member being deported.
 - Other words, actions, or gestures that threaten the member or lead the member to fear for his or her safety.
- A record of undue or unwarranted control by the abusing individual over the member’s personal or financial activities.
- A record of one or more incidents of stalking or harassing behaviour against the member or another member of the household.

I declare that the above individual is a victim of domestic violence and meets the eligibility criteria for Priority Status based on Hastings County’s policy.

Name: _____ Position/Title: _____

Organization: _____ Telephone: _____

Address: _____

Signature: _____ Date: _____