

Application for Priority I Category

Applicants approved under the Priority I Category rank first on the CHR wait list.

Further details and information are provided in Section 3 – General Information

Section 1

1. Applicant(s) Information

Name(s) of Applicant(s):	Date of Birth (mm/dd/yy)

Please provide a response to the following questions.		Yes	No
1	Have you or a member of the household been abused by another individual and the abusing individual is or was living with you or the abused member?		
2	Have you or a member of the household been abused by another individual and the abusing individual is sponsoring you or the abused member as an immigrant?		
3	Does the abused member intend to live permanently apart from the abusing individual?		
4	Have you or a member of your household been trafficked?		
5	A Central Housing Registry Application for subsidized housing must be completed and determined to be eligible before a decision on your request for Priority I status can be made. Have you completed and submitted a CHR Subsidized Housing Application?		

If the applicant has separated from the abuser, the applicant must apply for Priority I status within six (6) months of the date of separation. Separations longer than six months will be reviewed and assessed on an individual basis. If the applicant is currently being trafficked or has exited trafficking, the applicant must apply for Priority I status within three (3) months from exiting trafficking.

SAFE CONTACT INFORMATION:

Please provide the contact information that you want the CHR or a Housing Provider to use to communicate with you.

Last Name		First Name	
Street Number	Street Name		Apartment No.
Town/Municipality	Postal Code	Phone No.	E-mail

Consents and Release

The undersigned understands and agrees that the provisions of the Declaration and the provisions of the Consent and Release contained in the undersigned's Central Housing Registry – Windsor Essex County Application for Subsidized Housing apply to this form and to this information.

Name of Applicant (Please Print)	Signature	Date (mm/dd/yy)
Name of Co-applicant (Please Print)	Signature	Date (mm/dd/yy)
Name of Guardian/Trustee (if applicable) (Please Print)	Signature	Date (mm/dd/yy)

Section 2

Verification and Record

Applicant(s) Name:

1. Who May Complete the “Verification and Record” Section of this Form?

This form must be completed in his or her professional capacity by any one of the following: doctor, registered nurse or a registered practical nurse, lawyer, minister of religion authorized under provincial law to perform marriages, a registered early childhood educator, teacher, guidance counsellor, an individual in a managerial or administrative position with a housing provider, an Indigenous Elder, Indigenous Traditional Person, Indigenous Knowledge Keeper, a member of the College of Midwives of Ontario, an aboriginal person who provides traditional midwifery services, a registered social services worker, a psychotherapist, registered psychotherapist, registered mental health therapist, or an individual employed by an agency or organization to assist individuals for whom the agency or organization provides accommodation in an emergency or transitional shelter because of homelessness or abuse.

2. Standard of Proof – Excerpt from Regulation 367/11

58. (1) A record that complies with the requirements of this section shall be conclusive proof that the requirement in clause 54 (1) (a), that the member has been abused by another individual or has been trafficked, is satisfied and that requirement may not be verified by any other method.

The record must be in writing unless the service manager is satisfied that,

- (a) a member of the household will be at risk of being abused by the abusing individual if any member of the household attempts to obtain the record in writing;
- (b) the person preparing the record will be at risk of being abused by the abusing/trafficking individual if the person produces the record in writing;
- (c) extenuating circumstances exist.

The record must be,

- (a) prepared, in his or her professional capacity, by a person described in subsection (5); or
- (b) prepared by a person who is familiar with the abuse/trafficking if the record is accompanied, if required by the service manager, by a declaration of the truth of the record administered by a commissioner for taking affidavits.

3. Confirmation

I, the undersigned, declare and confirm in my professional capacity, that I have knowledge and familiarity with the above noted Applicant(s) circumstances to the extent I hereby confirm the following to be true to the best of my knowledge:

- a) the above-noted Applicant(s) has been subject to abuse/trafficking as defined in the *Record of Abuse* below; and
- b) the abusing individual or human trafficker is or was living with the member or is sponsoring the member as an immigrant; and
- c) the abused or trafficked member intends to live permanently apart from the abusing individual or individual who was the trafficker; and
- d) There is a record of one or more incidents of abuse or trafficking, including the following:

Record of Abuse / Trafficking	
Check all that apply	✓
Intervention by the police indicating that the member was abused/trafficked by the abusing individual.	
Physical injury caused to the member by the abusing/trafficking individual.	
The application of force by the abusing/trafficking individual against the member to force the member to engage in sexual activity against his or her will.	
One or more attempts to kill the member or another member of the household.	
The use of a weapon against the member or another member of the household.	
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.	

Check all that apply	✓
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.	
Undue or unwarranted control by the abusing/trafficking individual over the member's personal or financial activities.	
One or more incidents of stalking or harassing behaviour against the member or another member of the household.	

Confirmed by:

Name		Telephone #	
Agency / Firm			
Address		City / Town	Postal Code
Signature	Position	Date (mm/dd/yy)	

Section 3

General Information

*Information and guidance contained in this **Application for Priority I Category**, which is not part of the Application Form, is for informational purposes only in order to assist you in the application process. It does not restrict or otherwise impact any obligations imposed upon, or discretion vested in, the Windsor Essex Community Housing Corporation or the Central Housing Registry-Windsor Essex County.*

1. Restrictions on Requiring Information or Documents

- a) The CHR shall not require information or documents if the CHR is satisfied that the person is unable to obtain or provide the information or documents.
- b) The CHR shall not require a member of the household to provide information or documents if the member believes that the member or any other member of the household will be at risk of being abused by the abusing/trafficking individual if the member attempts to obtain the information or documents.
- c) The CHR shall not require information as to whether the member making the request for the household to be included in the *Priority I Category* or the abused/trafficked member has commenced legal proceedings against the abusing/trafficking individual and shall not require information or documents relating to such proceedings.

2. Application Section 1 and Section 2

The applicant(s) is required to complete Section 1.

Section 2 of this form must be completed by any one of the following in their professional capacity: doctor, registered nurse or a registered practical nurse, lawyer, minister of religion authorized under provincial law to perform marriages, a registered early childhood educator, teacher, guidance counsellor, an individual in a managerial or administrative position with a housing provider, an Indigenous Elder, Indigenous Traditional Person, Indigenous Knowledge Keeper, a member of the College of Midwives of Ontario, an aboriginal person who provides traditional midwifery services, a registered social services worker, a psychotherapist, registered psychotherapist, registered mental health therapist.

3. Priority I Eligibility

Any member of the household who is 16 years of age or older may request that the household be included in the *Priority I Category* if a member of the household has been abused/trafficked by another individual. A request for Priority I status must be in writing and must state that a member of the household has been abused/trafficked by another individual; and the abusing/trafficking individual is or was living with the abused/trafficked member or is sponsoring the abused/trafficked member as an immigrant; and the abused/trafficked member intends to live permanently apart from the abusing/trafficking individual. If the applicant has separated from the abuser/trafficker, the applicant must apply for Priority I status within six months of the date of separation. Separations longer than six months will be reviewed and assessed on an individual basis and merit. If the applicant is or has been trafficked, the applicant must apply for Priority I status within three (3) months from exiting trafficking.

The request to be included in the *Priority I Category* must also include a written consent from the abused/trafficked member or a person authorized to consent on the abused/trafficked member's behalf, consenting to the disclosure to the CHR of information and documents required by the CHR to verify a member of the household has been abused/trafficked by another individual. If the member making the request is unable for any reason to sign the request or to make a valid request, or if the abused/trafficked member of the household is less than 16 years old, the request may be signed on the member's behalf by another individual who:

- a) is the parent or guardian of the member
- b) is an attorney of the member under a power of attorney that authorizes the attorney to make the request on the member's behalf; or
- c) is otherwise authorized to make the request on the member's behalf.

Households applying for the *Priority I Category* must also complete a CHR ***Application for Subsidized Housing*** and be deemed eligible for Rent-Geared-to-Income (RGI) in order to qualify for Priority I.

Where to submit your completed Application

Completed applications and supporting documentation can be submitted to:

Central Housing Registry – Windsor Essex County Office

2470 Dougall Avenue, Unit 6, Windsor, ON N8X 1T2
Phone: (519) 254-6994 Fax : (519) 254-9166

Email: chrwec@wehc.com

Website: [https:// www.chrwec.com](https://www.chrwec.com)

Windsor-Essex Community Housing Corporation – Essex Office

Victoria Place Plaza, Unit 6, 35 Victoria Ave. Essex ON N8M 1M4
Phone: (519) 776-4631 Fax : (519) 776-5510