



Request for Urgent Homeless Status

Housing Access Centre (HAC) / Centre d'accès de logement
Citi Plaza, 2nd Floor | 355 Wellington Street | Suite 248 | London ON N6A
3N7 Tel: 519 661-0861 | E-mail: hac@london.ca
www.london.ca/housing

For office use only

Client number

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DEFINITION OF URGENT HOMELESS STATUS

For the purposes of allowing Homeless individuals and families priority to social housing in the City of London and the County of Middlesex, the term "homeless" includes:

- Person(s) living in housing condemned by the municipality;
- Person(s) whose housing has recently been destroyed by fire or natural disaster and have no place to live;
- Person(s) about to be discharged from a hospital or another medical facility, who cannot return to their former place or residence and have no place to live;
- Households whose child(ren) would be returned to their custody by a child protection agency when the adequate housing is provided and lack of housing is the only condition of custody left outstanding;
- Households without permanent residence such as living on the street or in a motel;
- Households who use the emergency shelter system.

WHAT YOU NEED TO APPLY

- All Applicants must fill out and sign **Section 1 and 2** of the Request for Urgent Homeless Status form.
- **Section 3** must be completed by a professional/agency and answer all questions and statements (see a list of Professionals/Agencies below).
- A letter outlining the circumstances must be attached by a professional/agency.

LIST OF PROFESSIONALS/AGENCIES

In order to assess the applicant's request for Urgent Homeless Status, a written verification of the applicant's situation is required from someone who is not a member of the household but has knowledge of the applicant's homeless situation.

- | | | |
|---|--------------------------------|--------------------------------|
| ✓ Doctor | ✓ Shelter Worker | ✓ Medical Care Facility |
| ✓ Lawyer | ✓ Social Service Agency Worker | ✓ Any Service Agency |
| ✓ Teacher | ✓ Settlement Worker | ✓ Community Legal Worker |
| ✓ Member of the Clergy | ✓ Registered Nurse | ✓ Counselor/Psychologist |
| ✓ Victim Services Worker | ✓ Law Enforcement Officer | ✓ Community Health Care Worker |
| ✓ Individual in Managerial or Administrative Position with a Housing Provider | | |

IMPORTANT NOTE TO PERSON COMPLETING THIS FORM

Receiving Urgent Homeless status may allow applicants to move ahead of other applicants on the waiting lists for rent-geared-to-income housing. The City of London, Housing Access System must ensure that this status is reserved for those who truly need it.

NOTE: Deliberately providing false or inaccurate information for the purpose of receiving priority for rent-geared-to-income assistance will affect your status and eligibility for housing.

As of January 1, 2021, applicants will only receive one offer of RGI housing. If you do not accept this offer, you will be removed from the centralized social housing waitlist. This rule applies to all applicants on the centralized social housing waitlist.

Please ensure all sections of the form have been completed, signed, and dated.

SECTION 1: APPLICANT INFORMATION

| | | | | |
|--|-----------------|---------------------------------------|----------|-----------------|
| Last Name | | First Name | | Middle Initials |
| Date of Birth | | | | |
| Unit #: | Current Address | City | Province | Postal Code |
| A telephone number where we can call you | | A mobile number where we can call you | | |
| An email address where we can write you | | | | |



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Please provide an alternative contact below:

| | | | | |
|-----------|-----------------|------------|----------|-------------|
| Last Name | | First Name | | |
| Unit #: | Current Address | City | Province | Postal Code |
| Phone #: | Mobile Phone #: | Email | | |

SECTION 2: DECLARATION AND CONSENT TO DISCLOSURE

This section must be completed by the person who is applying for Urgent Homeless Status. If that person is under the age of 16 or is unable for any reason to sign the consent or to give a valid consent, the consent may be signed on the person's behalf by the parent or guardian; an attorney under a power of attorney that authorizes that attorney to give the consent on the person's behalf; or a person who is otherwise authorized to give the consent on the person's behalf.

I, _____ hereby:
(Print Full Name of Applicant)

Requesting that my application is given an urgent homeless status on the Centralized Wait List for rent-geared-to-income housing.

Declare that everything I have written on this form is true and complete.

Understand that all the information I give to the Housing Access Centre (HAC), will belong to the City of London.

Authorize and consent to the disclosure to HAC of information and documents required by HAC for the purpose of verifying the statements on this form and assessing my eligibility for urgent homeless status.

Print full name of applicant or a person authorized
to sign on their behalf

Signature

Date (YYYY/MM/DD)

SECTION 3: PROFESSIONAL OR AGENCY INFORMATION

This section must be filled out by the qualified professional. Your patient/client has applied for rent-geared-to-income housing through the Housing Access Centre and may be eligible for urgent homeless status since they have declared they are as follows: without shelter, living in temporary / emergency housing or separated from family members, etc., due to the lack of housing.

The applicant's request for urgent homeless status cannot be considered without this completed section of the form, AND a letter outlining the circumstances of the applicant's situation must be attached.

| | | |
|---------------------------|----------------|--------------|
| Name (First, Last) | Position/Title | Telephone #: |
| Type/Name of Organization | Email | |
| Address | City/Province | Postal Code |



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The professional or agency must check all that applies to the applicant as per below:

The applicant is currently living in substandard housing which has been condemned by the municipality. ☐ Yes ☐ No

The applicant's accommodation has recently been destroyed by fire or natural disaster. ☐ Yes ☐ No

The applicant is awaiting release from a hospital or other medical facility and cannot return to their former place or residence. ☐ Yes ☐ No

The applicant's child(ren) would be returned to their custody by a child protection agency when the adequate housing is provided and lack of housing is the only condition of custody left outstanding. ☐ Yes ☐ No

The applicant is currently without a permanent resident or shelter. ☐ Yes ☐ No

The applicant is currently separated from family members due to lack of housing. ☐ Yes ☐ No

The applicant is currently living with family/friends.
If yes, please provide their full name, address and date the applicant moved in below: ☐ Yes ☐ No

| | | | | |
|-----------|------------|--|----------|-------------|
| Last Name | First Name | Date moved in ____/____/____ Year Month Day | | |
| Address | | City | Province | Postal Code |

The applicant is currently staying in an emergency shelter
If yes, please provide the name, location and contact information of the shelter below: ☐ Yes ☐ No

| | | | | |
|---------------------------|--|--------------|----------|-------------|
| Name of Shelter or Agency | | Telephone #: | | |
| Address | | City | Province | Postal Code |

The professional/agency must check the following statement, sign and date:

I have reviewed the information about the verification process necessary to access eligibility for rent-geared-to-income assistance under the City of London's Urgent Homeless Status. The applicant to whom I have provided services/assistance and whose situation I am aware of should be considered for an Urgent Homeless Status. ☐ Yes ☐ No

I am aware of my responsibility in providing verification and declare that the information I have provided is an accurate account of the applicant's situation to the best of my knowledge. ☐ Yes ☐ No

I have attached a letter providing information about the applicant's situation and have a professional relationship with this client and am eligible to complete this form ☐ Yes ☐ No

Print Full Name _____ Signature _____ Date (YYYY/MM/DD) _____



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The Request for Urgent Homeless Status form and attached documentation can be submitted with your basic application for rent-geared-to-income housing and can be mailed, emailed, or delivered to:

City of London, Housing Access Centre
Citi Plaza, 2nd Floor
355 Wellington Street, Suite 248
London, ON N6A 3N7

Inquiries can be directed to 519-661-0861 or hac@london.ca

Personal information contained on this form or in attachments is collected, pursuant to the *Housing Services Act (2011) Sections 169-176* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 1990, c M.56)*. This information will be used to determine suitability and eligibility for housing applied to, a continuation of housing and the appropriate rent scale and rent-geared-to-income charge. Personal information may be disclosed to housing providers, other municipal or provincial departments and agencies that assist in the provision of social housing and social agencies providing social assistance to the applicant. All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material for the purpose of processing the application.