

## Information for Applicants

Your application may be given Special Priority Status ranking on The Residences of St. Joseph's waiting list if:

- You are eligible under the affordable rental housing guidelines; AND,
- You meet the criteria of either homelessness, medical urgency, or need for proximity to a spouse who is currently residing at St. Joseph's Health Centre in Guelph, AND,
- Written verification of the Special Priority Status is substantiated by the qualified professional or agency as listed on this form.

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA).

## Applicant information

|                   |  |                                    |  |  |  |
|-------------------|--|------------------------------------|--|--|--|
| Last Name         |  | First Name and middle initial      |  | Cellular telephone number  |  |
| Home phone number | Can we call your home?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Work phone number, incl. extension |  | Can we call at work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Apartment number  | Current address  |                                    |  |  |  |
| City              |  | Province                           |  | Postal Code  |  |

If an alternative contact should be used, please provide information below.

|                      |  |                       |  |                           |  |
|----------------------|--|-----------------------|--|---------------------------|--|
| Last name of contact |  | First name of contact |  | Telephone number          |  |
| Apartment number     |  | Current address       |  | Cellular telephone number |  |
| City                 |  | Province              |  | Postal code               |  |

## Special Priority Status Description

In order for your request for Special Priority Status be considered, please indicate what best describes your situation:

- Homeless:** (Living unsheltered in spaces not intended for living (e.g. on the street, in a car; or staying in emergency shelter). Living in substandard housing which has been condemned by the municipality. Or having no place to live as their accommodation has recently been destroyed by fire or natural disaster)
- Medical Urgency: Definition of Medical Urgency** (Condition or Diagnosis leading to need for Special Priority) i.e. Spinal Cord Injury; Stroke; Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, Head Injury, Amputee, Visual or Hearing Impaired; other please specify. **(Form 7 – Medical Urgency Verification Form required)**
- Need for proximity to spouse living at St. Joseph's Health Centre:** Spouse of applicant is currently residing at St. Joseph's Health Centre, 100 Westmount Road, Guelph.

# Form 2 - Request for Special Priority Status

## Declaration and Consent to Disclosure

I request that my application be given Special Priority Status on the waiting list for The Residences of St. Joseph's.

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

I, \_\_\_\_\_ hereby authorize and consent to the disclosure to St. Joseph's Housing Corporation Inc. Guelph of information and documents required by St. Joseph's Housing Corporation Inc. Guelph for the purpose of verifying the statements on this form and assessing my eligibility for Special Priority Status.

I authorize (name of medical professional or supporting agency) \_\_\_\_\_ to release information regarding my status and need for Special Priority Status for the purpose of determining my eligibility.

\_\_\_\_\_  
*Signature of Special Priority Applicant*

\_\_\_\_\_  
*Date Signed*

Your completed Request for Special Priority and any attached documents can be mailed or delivered to:

**St. Joseph's Housing Corporation Inc. Guelph  
401 Edinburgh Road  
Guelph ON Canada N1H 0A5  
Attention: Building Manager**

**COMPLETED FORM WILL NOT BE ACCEPTED BY FAX, ORIGINAL FORM REQUIRED**