



# APPLICATION FOR CANADA-YUKON HOUSING BENEFIT– GENDER-BASED VIOLENCE STREAM

## Purpose of the program

The purpose of this funding is to ensure the applicant does not need to return to an unsafe situation for financial reasons related to the cost of housing. Applicants accessing this program self identify as survivors of gender-based violence who require financial support to obtain and/or maintain safe housing.

## Definition of gender-based violence

Gender-based violence is violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse, and is not limited to intimate partner violence.

## Eligibility criteria

- Must have qualified third-party verification that, in the third party's belief, the applicant is a survivor of gender-based violence; and
- Must be a Canadian citizen, permanent resident of Canada, or have refugee status in Canada; and
- Must be living in the Yukon; and
- Household income (i.e. combined income of all adults 19 and older who are living in the home) must be below affordable housing income limits for size of unit. See income levels on Yukon.ca: <https://yukon.ca/en/housing-and-property/social-housing-tenant-supports/find-household-income-limit-thresholds>; and
- Must file an annual Canadian Income Tax Return.

## Checklist

To ensure the application package is complete, include the following:

- This application form completed and signed.
- Completed Verification of Gender-Based Violence Form (found on page 6 and 7 of this application form).
- One piece of government issued photo identification for all persons 19 years old and over.
- One piece of government-issued identification for all persons 18 years old and under.
- Current Notice of Assessment (NOA) from Canada Revenue Agency (CRA) for every adult (19 years old and older) in the household. This can be obtained by either logging into applicant's CRA MyAccount or calling the CRA Northern Residents Line at 1-866-426-1527. (Note: Applicant must be calling from a phone number with an 867 area code. If applicant does not have an 867 area code, they can reach the CRA at 1 800 959 8281.)
- Current residential tenancy lease agreement indicating monthly rental payment.
- If you receive social assistance, a copy of your most-recent budget sheet.

### Important

Ensure your application package is complete before you submit it. We are unable to process incomplete application packages. If your application package is incomplete, this will delay any payment of funding you may be eligible for, and your application package may be returned to you.

**Note:** Outstanding arrears with the Yukon Housing Corporation must be addressed before you receive the Housing Benefit.

## Submit this form:

In person: 410 Jarvis Street, Whitehorse, or at your local Yukon Housing Corporation office

By email: [gbvhousingbenefit@yukon.ca](mailto:gbvhousingbenefit@yukon.ca)

By fax: 867-393-7597

By mail: Box 2703 (Y-1), Whitehorse, YT Y1A 2C6

## Questions or more information:

- In Whitehorse: contact 867-667-5712
- Outside Whitehorse: 1-800-661-0408 or contact your local Yukon Housing Corporation office.



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## Personal information – print or check appropriate answers

Applicant			
Last name		Middle name	First name
S.I.N. This information is being collected under the authority of the <i>(Federal) Income Tax Act.</i>			Date of birth YYYY/MM/DD
Gender (choose any that apply) <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____			
Status in Canada (choose one) <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee			
Mailing address			
Street address/ PO box number		Town/City	Territory
Postal code			
Provide a mailing address, phone number(s) and/or email address where YHC may contact you that will not jeopardize your safety or security.			
Physical address (if different than mailing address above)			
Street address		Town/City	Territory
Postal code			
Provide a mailing address, phone number(s) and/or email address where YHC may contact you that will not jeopardize your safety or security.			
Phone number	Alternate phone number		Email address
Provide a mailing address, phone number(s) and/or email address where YHC may contact you that will not jeopardize your safety or security.			
Additional adult household member 19 years or older			
Last name		Middle name	First name
Relationship to applicant			Date of birth YYYY/MM/DD
Gender (choose any that apply) <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____			
Status in Canada (choose one) <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee			
Mailing address <input type="checkbox"/> Same as applicant			
Street address/ PO box number		Town/City	Territory
Postal code			
Physical address <input type="checkbox"/> Same as applicant			
Street address		Town/City	Territory
Postal code			

**Additional adult household member 19 years or older (use additional paper if more than two)**

Last name		Middle name	First name	
Relationship to applicant			Date of birth YYYY/MM/DD	
Gender (choose any that apply) <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____				
Status in Canada (choose one) <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee				
<b>Mailing address</b> <input type="checkbox"/> Same as applicant				
Street address/ PO box number		Town/City	Territory	Postal code
<b>Physical address</b> <input type="checkbox"/> Same as applicant				
Street address		Town/City	Territory	Postal code

**Household members – Provide the following information for each person 18 years and younger who lives with you.**

Full name (last name, first name)	Gender (choose any that apply)	Date of birth	Relationship to applicant (i.e. child, grandchild, other family member)
	<input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____	YYYY/ MM/DD	
	<input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____	YYYY/ MM/DD	
	<input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____	YYYY/ MM/DD	
	<input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> 2-spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe: _____	YYYY/ MM/DD	

**Household information**

This information is collected to help Yukon Housing Corporation evaluate and improve the program. Your answers will not be used to determine your eligibility or the amount of funding you may receive.

Before applying for this funding, I/we accessed upfront funding from an NGO to cover the security deposit, moving fees and/or first and second month's rent:    Yes    No

Does anyone in your household identify as Indigenous?    Yes    No    Prefer not to say

If you answered yes, do they identify as:  
 Yukon First Nation    Inuit    Metis    Other: \_\_\_\_\_

Has anyone in your household experienced homelessness in the last year?    Yes    No    Prefer not to say

## Applicant declaration and agreement

I understand that Yukon Housing Corporation may, at any time, and at its sole discretion, cancel, with no right of appeal, the approval of this application. This document becomes an agreement when I am approved and once both I and Yukon Housing Corporation have signed it.	
I am a Canadian citizen or have permanent resident or refugee status in Canada.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge that, should I be approved for this program, Yukon Housing Corporation will issue to the Canada Revenue Agency and to me a T5007 Statement of Benefits. I have considered its effect on my personal tax situation. Yukon Housing Corporation accepts no responsibility for any effects on the applicant's or additional household member's social or other entitlements based on this benefit payment being included in their annual income for income tax purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize Yukon Housing Corporation, or its agent, to make any inquiries, or respond to any inquiries, necessary to verify the facts contained in this application or attached documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize Yukon Housing Corporation to ask questions and respond to questions to confirm that the facts I have provided in this application and in the attached documents are true. This includes, but is not limited to, questions about my household's income.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the information in this application may be used for statistical purposes or future program improvement and consent to such use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that, should I be approved for this program, this agreement will end if I am no longer eligible for the Canda-Yukon Housing Benefit Gender-Based Violence Program. I understand the maximum term for which I can receive this funding is 18 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand, should I be approved for this program, I must report to Yukon Housing Corporation any changes to my circumstances within 14 days of the change, including but not limited to if I move, if my rent changes or if I begin to receive social assistance or any other housing benefit. I understand any changes to my circumstances may impact the benefit amount I receive or payments may cease.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed this application truthfully.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that all communication from Yukon Housing Corporation about this program will be sent to the mailing address I provided on this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>By signature on this application, the Applicant and additional household member(s), as applicable, agree as follows:</p> <p><b>Legal Relationship:</b> The applicant and additional household members agrees/agree they are not and will not hold themself/themselves out to be, an agent of Yukon Housing Corporation and that the applicant and additional household members will indemnify Yukon Housing Corporation against any liability, claim or loss that may arise as a result of what the applicant or additional household members does/do in performing obligations under this agreement.</p> <p><b>Legal compliance:</b> The applicant and additional household members will comply with all applicable laws as amended from time to time and will fully cooperate with Yukon Housing Corporation in its compliance with the law.</p>	
_____ APPLICANT SIGNATURE	_____ DATE (YYYY/MM/DD)
_____ ADDITIONAL HOUSEHOLD MEMBER (19 YEARS OR OLDER)	_____ DATE (YYYY/MM/DD)
_____ ADDITIONAL HOUSEHOLD MEMBER (19 YEARS OR OLDER)	_____ DATE (YYYY/MM/DD)

# OFFICE USE ONLY

For use by Yukon Housing Corporation

Name of applicant: \_\_\_\_\_

Application status:  Approved  Declined

Eligible benefit amount based on the information in this application:

Months 1-12 \$ \_\_\_\_\_

Month 13 \$ \_\_\_\_\_

Month 14 \$ \_\_\_\_\_

Month 15 \$ \_\_\_\_\_

Month 16 \$ \_\_\_\_\_

Month 17 \$ \_\_\_\_\_

Month 18 \$ \_\_\_\_\_

By signing this agreement, Yukon Housing Corporation commits to paying to the applicant(s) the amount set out above under the Canada-Yukon Housing Benefit Gender-Based Violence Stream in accordance with the terms above. Should the applicant(s) experience a change in circumstances, the amounts set out above may change and/or the applicant(s) may become ineligible for the program and payments may cease.

\_\_\_\_\_  
YUKON HOUSING CORPORATION – AUTHORIZED SIGNATORY  
CERTIFIED PURSUANT TO SECTIONS 23 AND 24 CONTRACTING AUTHORITY OF THE *FINANCIAL ADMINISTRATION ACT*, RSY 2002, C.87

\_\_\_\_\_  
DATE (YYYY/MM/DD)



# YUKON HOUSING CORPORATION VERIFICATION OF GENDER-BASED VIOLENCE

## Purpose of this form

The purpose of this form is to collect specific information from a third-party who can confirm their belief that the applicant is a survivor of gender-based violence. Yukon Housing Corporation (YHC) will use this information to determine the applicant's eligibility for the Canada-Yukon Housing Benefit – Gender-Based Violence Stream (the "Housing Benefit").

## How to use this form

This form is required in addition to the Yukon Housing Corporation Canada-Yukon Housing Benefit – Gender-Based Violence Stream application form.

<b>Step 1</b>	Applicant completes and signs <b>Part 1</b> of this form. This gives authorization to the verifier to complete <b>Part 2</b> .
<b>Step 2</b>	Applicant gives this form to the person chosen as verifier and requests that they complete <b>Part 2</b> of this form.
<b>Step 3</b>	Applicant or verifier must submit this form to YHC by mail, in person, fax or email.

**Mail:** Box 2703 (Y-1), Whitehorse, YT Y1A 2C6

**In-person:** 410 Jarvis Street in Whitehorse or your local Yukon Housing Corporation office

**Fax:** 867-393-7597

**Email:** [gbvhousingbenefit@yukon.ca](mailto:gbvhousingbenefit@yukon.ca)

### Part 1: To be completed by the applicant

Have you already submitted a completed application for the Canada-Yukon Housing Benefit – Gender-Based Violence Stream to Yukon Housing Corporation (YHC)?  Yes  No

If not, ensure that a complete Canada-Yukon Housing Benefit – Gender-Based Violence Stream application form is submitted with this verification form. If the Canada-Yukon Housing Benefit – Gender-Based Violence Stream application form is not received, this form cannot be processed.

Last name	First name
Phone number*	Email address*

\*Provide a phone number and/or email address where YHC may contact you that will not jeopardize your safety or security.

I authorize my third-party verifier to provide my personal information to YHC in support of my application for the Housing Benefit. I also consent to YHC indirectly collecting my personal information.

\_\_\_\_\_ YYYY/MM/DD

Applicant's signature Date

Personal information on this form is collected directly under the authority of Section 15(c)(i) and indirectly under Section 16(2)(a) of the *Access to Information and Protection of Privacy Act (ATIPP)* for the purpose of carrying out a program and/or providing financial assistance to the applicant. The collection, use and disclosure of your personal information is managed in accordance with *ATIPP*. For more information, contact Director, Information Management and Technology in writing at Yukon Housing Corporation, Box 2703 (Y-1), Whitehorse, YT Y1A 2C6 or by phone at 667-5712 or toll free at 1-800-661-0408.

## Part 2: To be completed by third-party verifier

**You qualify as a third-party verifier\* if you are a recognized, practicing professional. Below is a list of acceptable third-party verifiers:**

- police officer
- medical or mental health professional, such as a doctor, nurse, psychologist, or psychiatrist
- a social worker, social service worker, case manager or outreach worker
- a counsellor
- Yukon Government Victim Services employee
- employee of a transition home or gender-based violence emergency shelter
- other social service provider in the field of gender-based violence prevention/intervention

\*In disputes between parties where gender based violence is alleged, third party verifiers may be required, in some cases, to testify in civil or criminal court. Third party verifiers should factor this into their record keeping practices and seek legal advice as necessary.

### Gender-based violence

is violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse, and is not limited to intimate partner violence.

### The purpose of this program

is to provide financial support to survivors of gender-based violence to obtain and/or maintain safe housing. The purpose of this funding is to ensure the applicant does not need to return to an unsafe situation for financial reasons related to the cost of housing.

### Third-party verifier information and declaration

Last name	First name
Position/Job title	Organization
Email address	Phone number

I declare that I am a qualified third-party verifier for this applicant. I believe the applicant qualifies for the Housing Benefit based on the definition of gender-based violence and stated purpose of the program above.

YYYY/MM/DD

\_\_\_\_\_  
Verifier's signature

\_\_\_\_\_  
Date

Yukon Housing Corporation may contact you to confirm your qualifications and the information you have provided.

Personal information on this form is collected directly under the authority of Section 15(c)(i) and indirectly under Section 16(2)(a) of the *Access to Information and Protection of Privacy Act (ATIPPA)* for the purpose of carrying out a program and/or providing financial assistance to the applicant. The collection, use and disclosure of your personal information is managed in accordance with *ATIPPA*. For more information, contact Director, Information Management and Technology in writing at Yukon Housing Corporation, Box 2703 (Y-1), Whitehorse, YT Y1A 2C6 or by phone at 667-5712 or toll free at 1-800-661-0408.