



PRIORITY VERIFICATION FORM
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Purpose of this form

The purpose of the Priority Verification Form is to collect specific information from a third party who can verify your need for priority housing. Yukon Housing Corporation will use this information to:

- determine your eligibility for priority housing; and
- assess your housing needs.

How to use this form

This form is required in addition to the Yukon Housing Corporation Rent-Geared-to-Income (RGI) application form.

Important: You may be required to provide an updated verification form if more than 3 months have passed since you originally provided it.

Step #1: Applicant completes and signs Part 1 of this form. This provides authorization for the verifier to complete the form.

Step #2: Give this form to the person you have chosen to verify your current priority needs and ask them to complete Part 2 of the form.

Step #3: You or your verifier must submit this form to Yukon Housing Corporation by mail, in person, fax or scan/email.

Mail/drop off

410 Jarvis Street
Whitehorse, YT, Y1A 2H5 **OR**
your local community housing office

Fax

Whitehorse: 867-393-7597

Scan/email

ykhouse@yukon.ca

PART 1: To be completed by applicant

Have you already submitted an RGI rental application form to YHC? ☐ Yes ☐ No

If not, make sure that a complete RGI rental application form is submitted with this verification form. If an RGI application form is not received, this form cannot be processed.

Last name	First name	Date of birth
		YYYY-MM-DD

If you have experienced family violence, provide a phone number and/or email where we may contact you that will not further jeopardize your safety.

Phone	Email

I am currently residing in the community of _____
and I am seeking priority consideration of my application for housing with Yukon Housing Corporation, in the
community of _____.

Note: these can be the same community.

I hereby authorize my third-party verifier to provide my personal information to Yukon Housing Corporation in support of my application for priority housing. I also consent to Yukon Housing Corporation indirectly collecting my personal information.

Applicant's signature	Date
	YYYY-MM-DD

Any personal information collected is under the authority of, and in accordance with s.15(c)(i) and s.16(2)(a) of the *Access to Information and Protection of Privacy Act (ATIPPA)* for the purpose of determining eligibility for housing from Yukon Housing Corporation per the terms of the Rent-Geared-to-Income program. For questions about the collection of information, call Yukon Housing Corporation's Privacy Office at (867) 667-5712.

PART 2: To be completed by third-party verifier

Complete **section A** for applicants seeking priority housing because of family violence.

Complete **section B** for applicants seeking priority housing due to a medical accommodation.

Complete **section C** for applicants seeking priority housing due to a mobility challenge.

Complete and sign **section D** before submitting.

Section A: Victims of family violence

You qualify as a third-party verifier if you are a recognized, practicing professional listed below:

- police officer
- medical or mental health professional such as a doctor, nurse, psychologist or psychiatrist
- a social worker or (social service) case manager
- Yukon government victim services (unit) worker
- executive director of a transition home
- other social service provider in the field of family violence prevention/intervention

Does the applicant currently reside with the perpetrator who is known by you to have committed acts of violence against the applicant? ☐ Yes ☐ No

If not, how long have they lived apart and what is the current housing situation? Is the applicant living in a staffed or second-stage facility (e.g. transition house, second-stage housing, emergency shelter)?

To the best of my knowledge, this applicant qualifies for priority housing because of their continued fear of violence from the perpetrator. ☐ Yes ☐ No

Section B: Medical accommodation

You qualify as a third-party verifier if you are a physician or nurse practitioner. If there is no physician or nurse practitioner on a regular basis in your community, the third-party verifier can be a community nurse.

Priority consideration is given to individuals whose present residential location or community cannot safely accommodate their life threatening medical or health condition that requires prolonged or recurring treatment.

This applicant has a life threatening medical or health problem that requires prolonged or recurring treatment.

☐ Yes ☐ No

This person requires prolonged or recurring treatment, care and/or support not available in their current community of residence. ☐ Yes ☐ No

Living near a hospital is necessary for this person to access their required treatment on a ☐ weekly, ☐ monthly, or, ☐ other _____ recurring basis.

Expected duration of the severe, chronic or acute medical/health problem: _____.

Section C: Mobility challenge

You qualify as a third-party verifier if you are a physician or nurse practitioner. If there is no physician or nurse practitioner on a regular basis in your community, the third-party verifier can be a community nurse.

Priority consideration is given to individuals whose present home cannot safely accommodate their significant mobility issue that prevents the safe use of stairs and requires a barrier-free living environment.

Can the applicant walk without assistance? ☐ Yes ☐ No

Can they ascend/descend stairs without assistance? ☐ Yes ☐ No

Applicant requires maximum of ☐ no steps, ☐ 2 steps, ☐ 5 steps, ☐ 1 flight of stairs to access the unit.

Applicant requires a barrier-free, wheelchair accessible unit: ☐ Yes ☐ No

Expected duration of the mobility challenge: _____

Section D: Third-party verifier information

Last name	First name
Position/job title	Organization
Email	Phone

I declare that I am a qualified third-party verifier for this applicant, and I attest to the applicant's need for priority housing.

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Verifier's signature	Date

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

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