

Priority Referral: Gender-Based Violence

You must complete all sections of the form unless otherwise indicated.

This priority stream is available to all eligible applicants and tenants of NSPHA's Public Housing Program.

Nova Scotia Provincial Housing Agency (NSPHA or the Agency) prioritizes survivors of gender-based violence when making housing offers.

Gender-based violence impacts the well-being of households and occurs when harmful actions are directed at someone because of their gender, gender identity, gender expression, or perceived gender. It can include:

- Verbal, emotional, spiritual, sexual, physical, mental, or financial abuse
- Domestic or family violence
- Intimate partner violence
- Sexual violence or sex trafficking
- Criminal harassment or coercive control

Eligibility Criteria

Applicants and tenants are eligible for priority status due to gender-based violence when:

- a) The applicant or tenant is currently experiencing or has recently experienced gender-based violence that impacts their ability to live safely in their home; and
- b) The applicant or tenant meets the requirements to apply for public housing.

How to complete this referral

Applicant or Tenant must complete Section A.

A qualified professional from the list below must complete Section B.

- Medical professional
- Support or Social Worker
- Psychologist
- Counsellor
- Elder/Community Leader
- Police Officer/Law Enforcement
- Lawyer or legal advocate
- Transition House Worker
- *Other professionals providing similar support to the applicant as the professionals listed above may also make a referral*

Professional referrals cannot be completed by an applicant's friend, neighbour or relative. If you or your referring professional have any questions or concerns about qualifying for priority access to public housing due to gender-based violence, please contact your district office by email using the information provided at the end of this referral form.

Personal information is collected, used and may be disclosed by the NSPHA in accordance with the *Freedom of Information and Protection of Privacy Act*: Freedom of Information and Protection of Privacy Act (nslegislature.ca).

Section A: Applicant or Tenant Information

Before you begin, please note:

- **All applicants must have an active Public Housing Application.** If you are a new applicant, you must submit a Public Housing Application either with or before this referral.
- **All tenants must have an active transfer request.** If you do not have an active transfer request, you must contact your local NSPHA office for a transfer request form and submit the completed copy either with or before this referral. Tenants do not need to complete a Public Housing Application.

	First Name	Last Name	Date of Birth
Applicant/ Tenant			
Co-applicant/ Co-tenant (if applicable)			

Existing Applicants or Current Tenants ONLY

- If you have an existing Public Housing application, please provide your **Client Code (P Code)**: _____
- If you are a current NSPHA tenant, please provide your **Tenant Code (T Code)**: _____

If you need to update your household or contact information, please also complete and attach Section C (provided at the end of this form).

Applicant Acknowledgement – please read carefully

If I am eligible for priority access to public housing, I understand and agree to the conditions outlined below:

- ☐ I will be placed on waitlists for all properties in my municipality that are suitable based on my household size and housing needs (detailed in Section B).
- ☐ Only the number of bedrooms I need, accessibility requirements, and housing needs (Section B) will be considered when determining suitable units for my household. This means that smoking, pets or parking preferences may not be met when I am offered a unit.
- ☐ Priority access applicants must accept the first unit that they are offered. That means if I refuse the first unit offered to me by NSPHA, I will lose my priority access status and become a general applicant.

Applicant Signature: _____

Date: _____

Section B: Referring Professional

Eligibility Criteria Checklist

- ☐ The applicant has experienced gender-based violence as defined on this referral.
- ☐ The violence presents a risk to their ability to live in their current or former home.
- ☐ The applicant either needs or has plans to leave their home or recently moved out of their home.

Housing Needs

To ensure our housing offer aligns with the applicant or tenant's safety needs, please list below any housing needs required:

Examples may include:

- The requirement for multiple exits within the unit or ground or upper floor access
- Communities or neighbourhoods that may be unsafe

--

- | |
|--|
| ☐ I have spoken with the applicant or tenant, and they understand that placing restrictions on housing options may increase the wait time for public housing. |
|--|

Referring Professional Declaration

Name: _____

Position/ Job Title	Organization

Phone	Email

I declare that, to the best of my knowledge, the information I have provided on this form is accurate.

**Referring Professional
Signature:** _____

Date: _____

How to submit your referral form:

Use the information below to submit your referral to the appropriate district.

Metropolitan District

Serving Halifax Regional Municipality

Email:

ApplicationsNSPHA.MD@novascotia.ca

By Mail or In Person:

3770 Kempt Road, Suite #3
Halifax, NS
B3K 4X8

Questions? Call:

1-800-565-8859 or 902-420-6017

Cape Breton Island District

Serving Cape Breton Island

Email:

ApplicationsNSPHA.CBID@novascotia.ca

By Mail:

18 Dolbin Street
Sydney, NS
B1P 1S5

In Person:

18 Dolbin Street Sydney	15999 Central St. Inverness	218 MacSween St. Port Hawkesbury
----------------------------	-----------------------------	----------------------------------

Questions? Call:

1-800-565-3135

Northern District

Serving the communities of Guysborough County, Antigonish County, Pictou County, Cumberland County, Colchester County and Hants County (East)

Email:

ApplicationsNSPHA.Northern@novascotia.ca

By Mail:

144 Victoria St. East Amherst, NS B4H 1Y1	9 Church St. Truro, NS B2N 3Z5	7 Campbell's Lane New Glasgow, NS B2H 2H9
---	-----------------------------------	---

PO Box 1373 Antigonish, NS B2G 2L7	PO Box 249 Guysborough, NS B0H 1N0
--	--

In Person:

144 Victoria St. East	9 Church St. Truro, NS B2N 3Z5	7 Campbell's Lane
-----------------------	-----------------------------------	-------------------

20 Orchard Terrace	Chedabucto Centre, H-9996 Hwy 16
--------------------	-------------------------------------

Questions? Call:

1-800-565-3135

Western District

Serving the communities of Kings County, Annapolis County, Digby County, Yarmouth County, Shelburne County, Queens County Lunenburg County and Hants County (West)

Email:

ApplicationsNSPHA.WD@novascotia.ca

By Mail:

25 Kentucky Court New Minas, NS B4N 4N1	PO Box 1000 Middleton, NS B0S 1P0
---	---

99 High Street Bridgewater, NS B4V 1V8	10 Starrs Road Yarmouth, NS B5A 2T1
--	---

In Person:

25 Kentucky Court New Minas	101 Magee Drive Middleton	99 High Street Bridgewater
--------------------------------	------------------------------	-------------------------------

10 Starrs Road (Floor 2)
Yarmouth

Questions? Call:

1-800-306-3331

Section C. Update Household Information [OPTIONAL]

Only for Current Applicants or Tenants

We recognize that persons experiencing gender-based violence are in a vulnerable situation. We want to ensure that we do not compromise your safety.

Remove Household Member(s): Only complete the section below if you need to remove a household member from your application or existing transfer request. **You do not need to provide information we currently have about your household again.**

List the full name and date of birth of the household member(s) you wish to remove.

Full Name

Date of Birth

Contact information: Only complete the section below if you need to update your contact information or add or replace an alternate contact currently listed in your public housing application. Please only provide contact information where it is safe for us to contact you.

	Phone Number	Email
Applicant:		
Co-applicant:		

Mailing Address

Unit # Street # Street Name

City/Town

Province

Postal Code

Alternate Contact

Name:		Phone Number:	
Email:			

Mailing Address

Unit # Street # Street Name

City/Town

Province

Postal Code

☐

My alternate contact is my preferred contact.