

Department of Municipal Affairs and Housing Survivors of Gender-Based Violence Benefit

Referral Agency Attestation

Please have one of the referral agencies identified in Appendix A of the program guide complete this section.

Referral agents please confirm that you have read and agree with the following statements by checking the boxes.

Applicant Name:	
<input type="radio"/>	I (the referring agent) can confirm that the applicant is a survivor of gender-based violence.
<input type="radio"/>	I (the referring agent) can confirm that the applicant has a housing need. Housing need means the client has or is planning to leave their home due to a situation that puts them at risk, or they have or are planning to leave a shelter, transition or second stage housing, and they are or will be renting a housing unit (not including public housing).
First Name	Last Name
Title	Organization
Email	Phone
Date	Signature