



## District of Rainy River Services Board

# Applicant Declaration of Abuse Form

Yes  No I am a member of a household where I have been subject to abuse from another individual, and am at least 16 years old.

Yes  No I am or/was living with the abusive individual, or was sponsored by the abusive individual.

Yes  No I have attached proof that I am, or was living, with the abusive individual.

Yes  No I am intending to live permanently apart from the abusive individual.

### Please provide the following information:

I am, or was living, with \_\_\_\_\_ at the following address \_\_\_\_\_  
(Name of abusing individual) (Address)

from \_\_\_\_\_ and continue to live with this individual/or separated from  
(Date of move in)

\_\_\_\_\_. My relationship to this individual: \_\_\_\_\_  
(Date of separation) (ie. Spouse, family, roommate, etc.)

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

I understand that all information I give to the RRDSSAB will belong to them.

If something on this form is incorrect or not true, the RRDSSAB may cancel my application, take legal action, or both.

**I, \_\_\_\_\_ hereby authorize and consent to the disclosure to the RRDSSAB of information and documentation required by the RRDSSAB for the purpose of verifying the above statements provided by myself for eligibility under the *Special Priority Status Policy*. Information will be kept confidential and used only for the purpose of assessing an applicant's eligibility for Special Priority Status.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date