## [Enter a neutral provider and/or housing assistance program/fund name]

Violence Against Women Act: Emergency Transfer Form

*Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.*

**Purpose of this Form**

If you are a survivor of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all survivors of domestic violence, dating violence, sexual assault, or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See the [Enter a neutral provider and/or housing assistance program/fund name]’s (“Program’s”) emergency transfer plan for more information about the availability of emergency transfers.

**Emergency Transfer Criteria**

1. *You are a survivor of domestic violence, dating violence, sexual assault, or stalking.* If the Program does not already have documentation that you are a survivor of domestic violence, dating violence, sexual assault, or stalking, the Program may ask you for such documentation, as described in the documentation section below.
2. *You expressly request the emergency transfer.* The Program may choose to require that you submit a form, or may accept another written or oral request.

***\*AND\****

1. Either:
	1. *You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.* This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

***\*OR\****

* 1. *You are a survivor of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.* If you are a survivor of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

**Submission of Documentation**

If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to the Program if it is safe for you to do so. Examples of third party documentation include, but are not limited to: A letter of other documentation form a survivor service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or household members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality**

All information provided to the owner or the Program concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of the owner or the Program are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is:

1. Consented to by you in writing in a time-limited release;
2. Required for use in an eviction proceeding or hearing regarding termination of assistance; or
3. Otherwise required by applicable law.

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| **Emergency Transfer for Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking** |
| **VAWA Form** |
| ***This form may be completed by or on behalf of the survivor of domestic violence, dating violence, sexual assault or stalking.*** |
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| **Certification** |
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| 1 | Name of the survivor requesting an emergency transfer: |       |
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| 2 | Your name (if different from the survivor’s): |       |
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| 3 | Name(s) of the other household member(s) on the lease: |       |
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| 4 | Name(s) of the other household member(s) who would transfer with the survivor: |       |
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| 5 | Physical address from which the survivor seeks to transfer: |       |
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| 6 | Name of the accused perpetrator (if known and can be safely disclosed): |       |
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| 7 | Relationship of the accused perpetrator to the survivor: |       |
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| 8 | Date(s) and time(s) of the incident(s) (if known): |       |
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| 9 | Location of the incident(s): |       |
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| 10 | Address or phone number for contacting the survivor: |       |
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| 11 | If voluntarily provided, list any third party documentation you are providing with this form: |       |
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| 12 | Is the person requesting the transfer a survivor of sexual assault that occurred in the past 90 days on the premises of the property from which the survivor is seeking a transfer? If *yes*, skip the section below. If *no*, answer the section below. |  |[ ]  Yes |[ ]  No |
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| **Briefly describe why the survivor believes there is an actual and imminent threat if they remain in their current unit:** |
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| **This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 1 is or has been a survivor of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.** |
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| Survivor/Representative Name: |       |  |  |
|  |  |  |  |
| Survivor/Representative Signature: |       | Date: |       |