

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

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**Purpose of Form:** The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

**Confidentiality:** All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING:**

**Date Written Request Received by Victim:** \_\_\_\_\_

**Name of Victim:** \_\_\_\_\_

**Names of Other Family Members Listed on the Lease:** \_\_\_\_\_

**Name of the Perpetrator\*:** \_\_\_\_\_

**\*Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

**Perpetrator’s Relationship to Victim:** \_\_\_\_\_

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred:** \_\_\_\_\_

**Location of Incident(s):**  
\_\_\_\_\_  
\_\_\_\_\_

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

## IMPORTANT NOTICE CONCERNING APPLICANT & TENANT RIGHTS AND OBLIGATIONS AS THEY RELATE TO THE VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act or "VAWA" was signed into law in 2005 and later amended in 2013 by the Violence Against Women Reauthorization Act of 2013. VAWA provides protections for victims of domestic violence, dating violence, sexual assault and stalking who are applicants to or tenants of the Housing Choice Voucher Program.

### You should know that:

1. **Applicant:** If you are or have been the victim of domestic violence, dating violence, sexual assault or stalking, this is not an appropriate basis on which to deny admission if you are otherwise qualified for assistance or admission.

2. **Participants:**

- An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of that violence.
- Additionally, your tenancy, assistance or occupancy rights will not be terminated as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence, sexual assault or stalking engaged in by a member of your household, a guest or another person under your control, and you or an affiliated individual is the victim or threatened victim. An affiliated individual is a spouse, parent, brother, sister or child of that individual or an individual that stands in, in place of the parent or any individual, tenant or lawful occupant living in the household.

### However there are some limitations to these protections:

- Your tenancy and/or assistance *may be* terminated if DHCD can demonstrate "an actual and imminent threat" to other tenants or to persons employed at or providing services to the development.
- If you claim protection under VAWA against termination of your tenancy or assistance DHCD will require you to deliver a certification, which you must provide in 14 days, concerning the incident or incidents that you believe raises the VAWA protections.

3. **Certification:** There are three ways to certify under VAWA. The law allows you to fill out a HUD-approved form, which you can request from DHCD, or you may provide a police report or court record, or you may have a professional person or administrative agency that you consulted about the domestic violence, dating violence, sexual assault or stalking provide documentation. You may choose any of these three options for certification. *You must deliver the certification in one of these three ways within 14 business days after your receipt of DHCD's request for certification or you cannot claim protection under VAWA.*

4. **Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence, sexual assault or stalking involving you or a member of your household will be held by DHCD in confidence and not shared without your consent, *except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law.*

5. **Removal of/Termination of Assistance to Perpetrator of Physical Violence:** DHCD may terminate the tenancy of and evict you or other lawful occupants if you engage in criminal acts of physical violence against family members or others. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing, denying assistance to, or otherwise penalizing other household members.

6. **Moving to Another Location.** If you are otherwise in compliance with your lease and other program requirements, and you reasonably believe you must relocate to protect a member of your household from an imminent threat of harm by domestic violence, dating violence, sexual assault or stalking, DHCD may permit you to move to another location even though you are breaking your lease when doing so. DHCD will request the certification described above before permitting the move.

### I HAVE READ AND UNDERSTAND THIS INFORMATION

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

