

HAVP Domestic/Intimate Partner Violence* Accommodation Request

This form should be completed by Housing Access Voucher Program (**HAVP**) program participants who are requesting an accommodation because a member of the household is a victim of domestic violence, dating violence, sexual assault or stalking.

In order to be eligible for an accommodation you must:

- 1.) Be a current participant in the **HAVP** program *and* member of the household composition (*not a live-in aide, guest, or unassisted member*), **and**
- 2.) Be a victim of domestic violence, dating violence, sexual assault, and/or stalking as defined in the box below.

If you are not sure if you are eligible for an accommodation, please ask a Division of Tenant & Owner Resources (DTOR) staff member for help. Accommodations are extended to all victims regardless of gender identity. Please return this form and any additional documentation to DTOR by emailing nyra@hpd.nyc.gov, faxing **212-313-3092**, or visiting **Client Services** (100 Gold Street, Room 1-O, New York, NY 10038).

Person Requesting Accommodation: _____ **Head of Household Name:** _____

Perpetrator Name: _____ **Relationship of Perpetrator to the Victim:** _____

Assisted Address: _____

What kind of accommodation are you requesting? Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Remove someone from the household | <input type="checkbox"/> Transfer within the development or project |
| <input type="checkbox"/> Recalculate my tenant share of rent | <input type="checkbox"/> Move to a new apartment |

If requesting a move, please list the names of all household members requesting to move with you:

** Includes any actions that fall under one or more of the below categories:*

Domestic violence: includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim (including a person with whom the victim shares a child in common; and a person who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner).

Dating violence: violence committed by a person: 1.) who is or has been in a social relationship of a romantic or intimate nature with the victim; and 2.) where the existence of such a relationship shall be determined based on a consideration of the following factors: i.) the length of the relationship; ii) the type of the relationship; and iii) the frequency of interaction between the persons involved in the relationship.

Sexual assault: any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking: engaging in a course of conduct directed at a specific person that would cause a reasonable person to: 1.) fear for the person's individual safety or the safety of others; or 2.) suffer substantial emotional distress.



Are there children in the household? Yes No

If yes, who are they living with and where: _____

Are you currently living at the assisted address? Yes No

If no, what is your address? _____

Telephone Number: _____ Email: _____

Is there anyone else we can contact on your behalf if we are not able to reach you?

Name: _____ Preferred Contact Number: _____

Relationship: _____ Email: _____

Please check below if there is any other documentation you would like to provide.

- Order of Protection (Criminal or Family Court)
- Hospital inpatient letter documenting assault
- Documentation of custody of children in the household
- Police report for domestic/criminal incident
- Advocacy letter from social service provider, ACS, medical professional, NY District Attorney, or US Attorney
- Other: _____

Please describe the need for your request below and anything else you would like us to know (attach additional pages if necessary):

I certify that the above information and supporting documentation is true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my request and jeopardize my housing subsidy.

Client Signature: _____ Date: _____

FOR HPD USE ONLY

Date reviewed: _____

Request approved? Yes No

Director/Coordinator Signature: _____ Date: _____