

## NYC 15/15 Domestic/Intimate Partner Violence\* Accommodation Request

This form should be completed by **NYC 15/15** 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 **NYC 15/15** 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 Resources (DTR) staff member for help. Accommodations are extended to all victims regardless of gender identity. Please return this form and any additional documentation to DTR by emailing **pbv@hpd.nyc.gov**, faxing **212-863-8828**, 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"/> Transfer to another NYC 15/15 supportive housing project |
| <input type="checkbox"/> Other _____                         |   |

**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.

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

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

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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: \_\_\_\_\_

<b>FOR HPD USE ONLY</b>	
Date reviewed: _____	
Request approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director/Coordinator Signature: _____	Date: _____