

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

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U.S. Department of Housing and Urban Development

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional... (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking.

Confidentiality: All information provided to your housing provider 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.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: [grid] (mm/dd/yyyy)

2. Name of the victim: a. LAST NAME b. FIRST NAME c. MIDDLE NAME [grid]

3. Your name (if different from victim): a. LAST NAME b. FIRST NAME c. MIDDLE NAME [grid]

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2. Residence of victim:

a. STREET ADDRESS

[Redacted address field]

b. APT. NUMBER

[Redacted apt number field]

c. CITY

[Redacted city field]

d. STATE

[Redacted state field]

d. ZIP CODE

[Redacted zip code field]

4. Name of the accused perpetrator (if known and can be safely disclosed):

a. LAST NAME

[Redacted last name field]

b. FIRST NAME

[Redacted first name field]

c. MIDDLE NAME

[Redacted middle name field]

5. Relationship of the accused perpetrator to the victim (if any):

[Redacted relationship field]

4. Date(s) and time(s) of incident(s) (if known):

[Redacted date and time field]

5. Location of incident(s):

[Redacted location field]

5. In your own words, briefly describe the incident(s):

[Redacted description field]

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 2 is or has been a victim 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.

1. Signature of Requestor

[Redacted date field]
2. Date Signed
(mm/dd/yyyy)

Public Reporting Burden: The 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. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.