

**EMERGENCY TRANSFER REQUEST PER VIOLENCE AGAINST WOMEN ACT
(VAWA)**

For Certain Victims Of Domestic Violence, Dating Violence, Sexual Assault, Or Stalking *Omb Approval No. 2577-0286*

Purpose of Form: If you (or a member of your household) are a victim 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 VAWA. Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault, or stalking. Submitting this form does not necessarily mean that you will receive an emergency transfer. See SHA's Emergency Transfer Plan for more information about emergency transfers.

The requirements you must meet are:

(1) **You (the tenant) are a victim of domestic violence**, dating violence, sexual assault, or stalking. If SHA does not already have documentation that you (or your household member) are a victim of domestic violence, dating violence, sexual assault, or stalking, SHA may ask you for such documentation. In response, you may submit Form **HUD-5382**, or any one of the other types of documentation listed on that Form;

(2) **You expressly request the emergency transfer**. Submission of this form confirms that you have expressly requested a transfer. SHA may choose to require that you submit this form, or may accept another written or oral request. See SHA's Emergency Transfer Plan for more details; and

(3) (A) **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

(3) (B) You are a **victim of sexual assault**. If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you may submit that documentation to SHA if it is safe for you to do so.

Examples of third party documentation include, but are not limited to: a letter or other documentation from:

1. a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance;
2. a current restraining order; a recent court order or other court records; a law enforcement report or records;
3. communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.



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TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____
2. Your name (if different from victim's) _____
3. Name(s) of other family member(s) listed on the lease: _____
4. Name(s) of other family member(s) who would transfer with the victim: _____
5. Address of location from which the victim seeks to transfer: _____
6. Address or phone number for contacting the victim: _____
7. Name of the accused perpetrator (if known and can be safely disclosed): _____
8. Relationship of the accused perpetrator to the victim: _____
9. Date(s), Time(s) and location(s) of incident(s): _____
10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? **If yes**, skip question 11. If no, fill out question 11. Yes No
11. Does the person requesting the transfer reasonably believe there is a threat of imminent harm from further violence if the person remains in the same dwelling unit that he or she is currently occupying? Yes No
12. List any voluntarily provided third-party documentation you are providing? _____

Confidentiality: SHA must follow strict confidentiality measures to ensure that the location of your dwelling unit is never disclosed to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against you. In addition, SHA must keep strictly confidential any information you provide concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, including the fact that you are a survivor. Information about the incident(s) and your status as a survivor, such as the information on this form, may only be accessed by employees or contractors of SHA if explicitly authorized by SHA for reasons that specifically call for those individuals to have access to the information under applicable Federal, State, or local law. Information about the incident(s) and your status as a survivor shall not be entered into any shared database or disclosed to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance, or (iii) otherwise required by applicable law.

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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.

Signature _____ Signed on (Date) _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



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