

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

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. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

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 (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (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. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

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. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information 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.

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: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

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

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

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

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.

Signature _____ Signed on (Date) _____

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.

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

This box is to be completed by the program applicant/participant seeking VAWA protections.

Program Applicant/Participant: _____ **Date:** _____

Provider of Housing or Rental Assistance: _____

Deadline to Submit This Form (if applicable): _____

VAWA Protection Requested: Defense of eviction, termination, or denial

Emergency Transfer Removal of household member Other: _____

What is VAWA and how does it apply to housing and rental assistance programs? 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 committed against them. It also provides special housing protections, like emergency transfers to alternative and safe rental units. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Why am I being asked to complete this form? The person asking you to complete this form is seeking VAWA protections from a housing provider or rental assistance provider. The provider of housing or rental assistance has asked or may ask the person to document this abuse, and this form may be used to evaluate the request for VAWA housing protections.

Who should fill out this form? An employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) who provided assistance to the program participant relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse.

How long do I have to fill out this form? Once a provider of housing or rental assistance requests documentation to support the program participant’s request for VAWA protections, the program participant must respond within 14 business days. The program participant may request an extension. Protections requested may be unavailable until documentation is provided.

Confidentiality: All information provided on this form is strictly confidential and will not be entered into any shared database. Only staff of the provider of housing or rental assistance who are evaluating the request for VAWA protections have access to this form, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by the program participant in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program; or (iii) otherwise required by applicable law.

Fax or mail this completed form to:

If you have questions about completing this form, please contact Vermont Legal Aid: 1-800-889-2047.

To be completed by the professional:

1. Your name and title: _____

2. Attach your business card or provide your contact information here:

3. What is your relationship with the program participant requesting VAWA protections?

4. Under penalty of perjury,

- I attest that the program participant has sought assistance from me for reasons relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse.
- I believe that the program participant requesting this form was the victim of an incident or incidents of domestic violence, dating violence, sexual assault, or stalking that meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking,” as defined by HUD’s regulations at 24 C.F.R. 5.2003.

Your attestation is limited to your belief that the victim’s self-reporting or other evidence presented to you is credible and satisfies the regulatory definitions provided by 24 C.F.R. 5.2003, included below.

24 C.F.R. 5.2003 provides the following definitions:

- Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction. The term “spouse or intimate partner of the victim” includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.
- Dating violence means 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 relationship; and (iii) the frequency of interaction between the persons involved in the relationship.
- Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.
- Stalking means 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.

Signature: _____ **Date:** _____

I, _____ (program participant/applicant), authorize _____ (provider) to release this form to the provider listed above. I certify that the information I provided to the service provider completing this form is true and correct to the best of my knowledge and recollection, and that I was or have been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of this form based on false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature of Program Participant: _____ **Date:** _____