Violence Against Women Act: Certification Form

*Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.*

**Purpose of this Form**

The Violence Against Women Act (VAWA) protects applicants, beneficiaries, 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 the law, VAWA protection is available to survivors 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 the owner or (“Program”), the owner or the Program 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 the owner or the Program, or you may submit one of the following types of third-party documentation:

* A document signed by you and an employee, agent, or volunteer of a survivor 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.
* A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
* At the discretion of the owner or the Program, a statement or other evidence provided by the applicant or beneficiary.

**Confidentiality**

All information provided to the owner or the Program 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 the owner or the Program 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:

* Consented to by you in writing in a time-limited release;
* Required for use in an eviction proceeding or hearing regarding termination of assistance; or
* Otherwise required by applicable law.

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| **Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking** | | | | | |
| **VAWA Form** | | | | | |
| ***This form may be completed by or on behalf of the survivor of domestic violence, dating violence, sexual assault or stalking.*** | | | | | |
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| **Certification** | | | | | |
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| 1 | Name of the survivor: | |  | | |
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| 2 | Your name (if different from the survivor’s): | |  | | |
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|  |  | |  | | |
| 3 | Name(s) of the other household member(s) on the lease: | |  | | |
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|  |  | |  | | |
| 4 | Date the survivor received the written request from the Program: | |  | | |
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|  |  | |  | | |
| 5 | Physical address of the survivor: | |  | | |
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|  |  | |  | | |
| 6 | Name of the accused perpetrator (if known and can be safely disclosed): | |  | | |
|  |  | |  | | |
|  |  | |  | | |
| 7 | Relationship of the accused perpetrator to the survivor: | |  | | |
|  |  | |  | | |
|  |  | |  | | |
| 8 | Date(s) and time(s) of the incident(s) (if known): | |  | | |
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|  |  | |  | | |
| 9 | Location of the incident(s): | |  | | |
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| **Briefly describe the incident(s):** | | | | | |
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| **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 1 is or has been a survivor 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.** | | | | | |
|  | |  | |  |  |
| Survivor/Representative Name: | |  | |  |  |
|  | |  | |  |  |
| Survivor/Representative Signature: | |  | | Date: |  |