

**Unified Supportive Housing System (USHS)
Prospective Transfer Request Checklist**

Use the following checklist to ensure that all necessary documentation has been included before submission:

- USHS Transfer Request Assessment HMIS Submission
- Release of Information (ROI)
- Demographics Form
- Copy of Original Prospective Applicant File (Formerly referred to as Indication of Interest [IOI])
- Copy of Original Certification of Disability (COD), Verification of Receipt of Benefits from the Social Security Administration or Verification of Veteran’s Disability Compensation.
- Current Income Verification (Documentation of Income or Zero Income Statement)
- Verification of Identity and Citizenship for every member of the household. (**Legible and clear copies only**):
 - Social Security card or verification of SSN printout from Social Security Administration.
 - Original birth certificate or letter/form requesting birth certificate.
 - Current State of Ohio issued photo ID or Driver’s License with Franklin County address. [Not required for minors under the age of 18]
 - Name on Social Security documentation, birth certificate and photo ID match or verification of legal name change included
- Unit Specific Documentation for Veteran’s and Family Units (If applicable)

Please Note: In order to transfer units, Prospective Transfer must be approved for housing through CMHA. The Unified Supportive Housing Program Manager will complete all mandatory background checks to verify unit eligibility.

Tenant will receive deposit refund, in accordance with lease terms. Tenant is ultimately responsible for using deposit refund and/or personal funds to pay deposit to new Housing Provider and any move-related expenses. DCA funds cannot be utilized for this purpose.

By signing below I assert that I believe this applicant can benefit from Permanent Supportive Housing due to a long history of homelessness and the presence of a disabling condition that impedes independent living. I further assert that I have personally examined all documentation. To my knowledge all information contained herein, is accurate, truthful and complete.

Provider Agency Rep.	Printed Name	Signature	Date
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**Unified Supportive Housing System (USHS)
Authorization for Release of Information**

Prospective Applicant Name: _____

The Unified Supportive Housing System (USHS) Prospective Applicant File collects information, which helps to determine preliminary eligibility for housing and community supports to assist with housing stability. USHS also requires additional information to be provided by other government agencies and service providers. In order for USHS to collect the information and process the form, your consent to release information is required.

- I. USHS understands that information about you, your health, employment/income, and housing history are personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before using or disclosing your protected health and personal information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed.
- II. **Purpose:** Provider Agency (name of agency assisting Prospective Applicant to complete this form)
 _____, Unified Supportive Housing System, Alcohol Drug and Mental Health Board (ADAMH), Community Shelter Board (CSB), Franklin County Children Services (FCCS), and the following provider agencies: Community Housing Network (CHN), Equitas, Faith Mission (LSS), Home for Families (HFF), Homefull, Huckleberry House (Huck House), Maryhaven, National Church Residences (N^^), Southeast, The Salvation Army (TSA), Volunteers of America Ohio & Indiana (VOAOI), YMCA, and YWCA may use this authorization and the information obtained with it, to collect and share with agencies named above, the information about my household members and me outlined in Part III below. The purpose of collecting and sharing information is to determine preliminary eligibility for supportive housing.
- III. **Authorization:** For a period of six months from the date of my signature below, I authorize the above named organizations to obtain information about me or my family that is pertinent to my USHS file.
- IV. **Information Covered-Inquiries** may be made about: Physical and Mental Health records, Substance Abuse Treatment records, Child Care Expenses, Handicapped Assistance Expenses, Credit History, Identity and Marital Status, Criminal Activity, Medical Expenses, Family Composition, Social Security Numbers, Federal/State/Tribal/Local Benefits, Residences and Rental History, Homeless History, History with FCCS, Columbus Metropolitan Housing Authority (CMHA), ADAMH (current and previous service utilization and linkage with ADAMH Provider Agencies), CSB programs, and Employment/Income/ Pensions/Assets.
- V. **Individuals/Organizations that may Release Information:** Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: ADAMH, CMHA, CSB, FCCS, CPO, Woda Cooper Companies, Inc., The Barcus Company, Inc., housing providers mentioned in Section I above, Banks and Financial Institutions, Utility Companies, Landlords, Employers – Present and Past, Courts, U.S. Dept. of Veterans Affairs, Welfare Agencies, Law Enforcement Agencies, Credit Bureaus, Schools or Colleges, U.S. Social Security Administration, Providers of: Alimony, Substance Abuse services, Case Management services, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care (including mental health services), Pensions/Annuities, Emergency Shelters and Housing Services.

**Unified Supportive Housing System (USHS)
Authorization for Release of Information**

VI. Minor Children: If I am a custodial parent of a minor child, I also give my authorization for the following children:

First Name	Middle Name	Last Name	Date of Birth

VII. Revocation: I understand that I have the right to revoke this authorization at any time by notifying the USHS Project Manager in writing at: 355 East Campus View Blvd., Suite 250, Columbus, OH 43235. I understand that the revocation is only effective after it is received and logged by USHS. I understand that any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation and the revocation will not apply to disclosures made in reliance on the authorization. I understand that after the information is disclosed, federal or state law might not protect it, and the recipient might re-disclose it.

VIII. Database Matching Notice /Consent: I agree that the above-named organizations using my information can conduct computer matching with other government agencies including Federal, State, Tribal or Local agencies. The government agencies include: Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Job and Family Services, U.S. Office of Personnel Management, U.S. Social Security Administration, State Employment Security Agencies, and State Welfare and Food Stamp Agencies.

IX. I also agree that the above named organizations may enter personal information on members of my household and me and may research my information in Homeless Management Information System (HMIS), the database which is used by agencies providing shelter and housing-related services in Franklin County, MACSIS, the database which is used by agencies in the Mental Health system and SHARES, the database which is used by agencies funded by the Alcohol, Drug and Mental Health Board of Franklin County.

X. Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization or if I sign this authorization and later revoke it, I understand that my USHS file will not be processed. This release of information is valid for six months from the date of signing.

HMIS ID# _____

**Unified Supportive Housing System (USHS)
Authorization for Release of Information**

Signature, Head of Household

Date

For USHS Use Only
Rcvd By _____ Date of Revocation: _____

**Unified Supportive Housing System (USHS)
Prospective Applicant Demographics**

Name:	
Alias/Maiden Name:	
Date of Birth:	
Social Security Number:	
Provider Name:	
Provider Email:	Provider Phone:
Are You a US Citizen or Legal US Resident?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
What Gender Do You Identify As?	
<input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming/Non-Binary <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Intersex <input type="checkbox"/> Would rather not disclose	
Are You Currently Pregnant?	If yes, which trimester?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> 1 st (1-3 months) <input type="checkbox"/> 2 nd (4-6 months) <input type="checkbox"/> 3 rd (7-9 months)
Are You a Fulltime Student?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Have a Legal Guardian?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Currently Have a Payee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you Able to Turn on Utilities (i.e. gas, water, electricity) in Your Name?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Owe Any Money to a Utility Company?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which utility(ies): _____	

Unified Supportive Housing System (USHS) Prospective Applicant Demographics		
Do You or a Member of Your Family Require Special Accommodations?	If yes, please check yes and below which accommodation(s) you need:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> No steps <input type="checkbox"/> Few steps	<input type="checkbox"/> Grab bars and handrails <input type="checkbox"/> Modification for vision or hearing impairment
Total Monthly Income:	\$ _____	
If client has no income, do they have resources to pay a deposit?	If yes, please provide below:	
Do You Receive Any of the Following: (Check all that Apply)		
<input type="checkbox"/> Alimony <input type="checkbox"/> Child support <input type="checkbox"/> Earned income <input type="checkbox"/> General Assistance <input type="checkbox"/> Pension or retirement income from another job	<input type="checkbox"/> Private disability insurance <input type="checkbox"/> Retirement income from Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> VA Non-Service Connected Disability Pension <input type="checkbox"/> VA Service Connected Disability Compensation <input type="checkbox"/> Workers Compensation
Do You Have Any of the Following? (Check all that Apply)		
<input type="checkbox"/> Checking account <input type="checkbox"/> Direct Express Account <input type="checkbox"/> Life insurance	<input type="checkbox"/> Retirement <input type="checkbox"/> Savings account <input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> WIC
Health Insurance Type: (Check all that Apply)		
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's Health Insurance Program (SCHIP)	<input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer-Provided Insurance <input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Not Covered
Do You Have one (1) or More Pets?	If yes, what type of animal is it?	Is your pet a service animal?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Currently Linked to a Mental Health Provider?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, please give that Agency's Name Below: _____
Mental Health Case Manager's Name (If Applicable)	_____	
Are You a person Who Served at Least One Day of Active Military, Naval, or Air Service and Who was Discharged or Released Under Conditions Other Than Dishonorable?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Unified Supportive Housing System (USHS) Prospective Applicant Demographics		
Prospective Applicant's <u>Current</u> Living Arrangement:		
<u>HOMELESS SITUATION</u> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter (including, CHOICES for Victims of Domestic Violence)	<u>INSTITUTIONAL SETTING</u> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facilities <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<u>TRANSITIONAL AND PERMANENT HOUSING SITUATION</u> <input type="checkbox"/> Residence owned <input type="checkbox"/> Rental without subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client with other ongoing housing subsidy (including RRH) <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
Will There be Another Adult Residing with You in the Household?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, please Give that Person's Name Below: <hr style="width: 100%;"/>
Do You Currently Have Legal Custody of Any Minor Children?		
<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If so, please ensure that minor children are on the Release of Information Form.	
Some Housing Projects Have Specific Subpopulations That They Are Required to Serve. This section is Only to Identify What Options You May be Eligible for. Please Check if You Meet One of the Following Criteria:		
<input type="checkbox"/> Mental or Emotional Impairment <input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> AIDS/HIV+ <input type="checkbox"/> Identify as Transgender		
Do you prefer a single site location (with staff onsite) or an apartment in the community? (Please note that this doesn't guarantee placement)		
<input type="checkbox"/> Single Site <input type="checkbox"/> Scattered Site		
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place: _____ Time: _____ Or Morning/Afternoon/Evening/Night	
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	Phone: _____ Email: _____	

***Please Note:** All prospective applicants are given two (2) opportunities to accept a housing unit that is not substandard housing for any reason. Prospective applicants are expected to tour unit/housing property prior to refusal. Refusal to accept a safe, decent, affordable housing option twice will result in the individual being ineligible for Housing through Unified Supportive Housing System (USHS) for one (1) calendar year. Prospective Applicants can appeal USHS decisions.

I understand that open criminal cases or active warrants may delay processing of my file for housing access. Past criminal background will be reviewed and may affect my eligibility for housing within the USHS, based on restrictions in place at different housing sites. These restrictions are based on federal, state or local requirements that the USHS is not in control of.

I understand that my completion of this form does not guarantee housing in the Unified Supportive Housing System. I further understand that my case worker should continue to assist me in finding an appropriate living situation. I certify, under penalty of law, that the above information provided by me on this form is true and complete to the best of my knowledge and ability.

Signature, Prospective Applicant

Date

PLEASE CIRCLE YOUR CLIENT'S LEVEL OF SERVICE NEEDS IN EACH OF THE NEED DIMENSIONS

Need Dimension	Service Need Level				
	1	2	3	4	5
Treatment participation	As scheduled for more than 3 months	As scheduled for less than 3 months	Requires help to maintain	Minimal	Refuses all
Medication Compliance	As scheduled for more than 3 months	As scheduled for less than 3 months	Requires help to maintain	Minimal	No compliance
Housing	Stable housing for more than 3 months	Stable housing for less than 3 months	Requires help to maintain	Unstable	No housing
Basic Needs	Needs met for more than 3 months	Needs met for less than 3 months	Requires help to meet needs	Minimally met	Unmet
Benefits and Income Stream	Has income and has managed it for more than 3 months	Has income and has managed it for less than 3 months	Requires help to manage	Applied for but not received	None; not applied for
Substance Abuse	None apparent for more than 3 months	None apparent for less than 3 months	Occasional minor impairment	Frequent minor impairment	Frequent major impairment
Danger to Self or Others	None apparent for more than 3 months	None apparent for less than three months	Possible	Probable	Imminent
Crisis Incidents	Limited or appropriately handled for more than 3 months	Limited or appropriately handled for less than 3 months	Intermittent crises	Frequent	Continual

Adapted from the DENVER ACUITY SCALE

USHS Use Only	
Score:	Level of Case Management Recommended
Very Low Intensity (1)	Self-Management
Low Intensity (2)	Monthly Face to Face Meetings
Medium Intensity (3)	Weekly Face to Face Meetings
High Intensity (4)	Daily Face to Face Meetings
Severe Intensity (5)	May be Better Suited in a Higher Level of Care

REQUIRED

In your professional opinion, what have you learned about the client that impacts their ability to remain housed?

Signature, Provider Agency Rep

Date

**Unified Supportive Housing System (USHS)
Documentation of Transfer Request**

Name:	
Alias/Maiden Name:	
1. Current Subsidy	<input type="checkbox"/> Section 8 Project-based voucher <input type="checkbox"/> Section 8 Tenant-based voucher <input type="checkbox"/> SHP Tenant Based Rental Assistance (former shelter plus care) <input type="checkbox"/> SHP Sponsor Based Rental Assistance (former shelter plus care) <input type="checkbox"/> Local subsidy <input type="checkbox"/> Other (please specify): _____
2. Reason for Transfer Request:	<input type="checkbox"/> Emergency Transfer for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking ¹ <input type="checkbox"/> Family Reunification/Change in Household Composition <input type="checkbox"/> Pregnancy (Resulting in overcrowding of unit) <input type="checkbox"/> Change in Service Needs <input type="checkbox"/> Project Closing <input type="checkbox"/> Reasonable Accommodation <input type="checkbox"/> Other _____
3. Current Unit Size	<input type="checkbox"/> SRO <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom
4. New Unit Size	<input type="checkbox"/> SRO <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom
5. Is Additional Documentation Included in this Submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Please complete Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Documentation.

Unified Supportive Housing System (USHS) Documentation of Transfer Request	
6. Brief Explanation of Emergent Service Need.	

By signing below I assert that this process was explained to me by a representative from my current Housing Provider. I believe that I can benefit from transferring to another Permanent Supportive Housing unit due to the reasons listed above. To my knowledge all information contained herein, is accurate, truthful and complete.

Client signature

Date

I believe that the above client can benefit from transferring to another PSH unit due to the reasons listed above. I further assert that I have personally examined all documentation. To my knowledge all information contained herein, is accurate, truthful and complete.

Provider Agency Representative

Date

<b style="color: yellow;">USHS Use Only	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ USHS Program Manager	_____ Date

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Please Include a Copy of the
Tenant's Original Prospective Applicant File
[Formerly referred to as an Indication of Interest {IOI}]

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Please Include a Copy of the
Tenant's Disability Verification
[Certification of Disability (COD), Verification of Receipt of
Benefits from the Social Security Administration or Verification
of Receipt of Veteran's Disability Compensation]

**Unified Supportive Housing System (USHS)
Declaration of Zero Income**

I _____, understand that the information provided on this form will be used to determine income eligibility. I have read the clarification for what is considered income* and hereby certify that I am currently receiving no income from any source.

I certify that this statement is true to the best of my knowledge and understand providing false, misleading or incorrect information may result in ineligibility for Housing Provider units in the Unified Supportive Housing System (USHS).

Prospective Applicant Signature **

Date

Provider Agency Representative

Date

***Income:** *Wages from job, self-employment, Social Security, Social Security Income (SSI), Pension/Veteran’s Administration (Military Pay), TANF/Ohio Works First (Public Assistance), Unemployment Benefits, Workers Compensation, Educational Financial Assistance (Financial Aid), Court-Ordered Child Support Payments Received, Informal Child Support Payments Received and Alimony.*

****Document is valid for thirty (30) days from the signature date. Upon referral Housing Provider will ask for updated income verification.**

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Please include: Income documentation if client did not complete the zero income statement.

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Please include for every household member:

- (1) Social security card or SSN printout
- 2) Birth Certificate or copy of request for Birth Certificate;
Passport is also acceptable.
- (3) Current State of Ohio issued photo id or Driver's License with
Franklin County, Oh address (Not required for minors under the
age of 18)

*Please verify that all names match across documentation, if not please provide documentation of legal name change.

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For Prospective Applicants with **minor children** please include:

- (1) Copy of the ODJFS “Proof of Eligibility” Printout,
- (2) Court Documentation of Custody, or
- (3) Copy of the minor child school records showing guardianship
- (4) Head of Household may sign a sworn affidavit to attest the child is a member of the household

For **VHA eligible** Prospective Applicants please include:
Documentation of Veteran status (DD-214/215, NGB 22/22A
or VA ID).

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT OR STALKING**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you 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 Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers. The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider 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. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) 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

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider 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 a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; 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.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an emergency transfer to you. 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.

**Unified Supportive Housing System (USHS)
 Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence,
 Sexual Assault, or Stalking, and Alternate Documentation²**

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):			
9. Date(s), Time(s) and Location(s) of Incident(s):			
9. Date(s), Time(s) and Location(s) of Incident(s):			

² Form HUD-5383
(12/2016)

Unified Supportive Housing System (USHS) Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation³	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit:	
12. If voluntarily provided, list any third-party documentation you are providing along with this notice:	

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

Date (Signed On)

³ Form HUD-5383
(12/2016)

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

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

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.

**Unified Supportive Housing System (USHS)
 Certification of Domestic Violence, Dating Violence,
 Sexual Assault, or Stalking, and Alternate Documentation**

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING ⁴

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):		
8. Date(s) and Times(s) of Incident(s) (if Known):		
9. Location of Incident(s):		
9. Location of Incident(s):		

⁴ Form HUD-5382 (12/2016)

