



Certificate of Domestic Violence, Dating Violence, Sexual Assault or Stalking

PART I. Applicant Certification and Documentation: Resident/Applicant please read each definition below carefully and **Check-Off** the applicable situation(s).

Domestic Violence – includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, 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.

Dating Violence – means violence committed by a person - who is or has been in a social relationship of a romantic or intimate nature with the victim

Sexual Assault – means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks consent.

Stalking – means – to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to that person, a member of the immediate family of that person; or the spouse or intimate partner of that person;

Documentation Required for Applicants

Copy of the Lease (Non-BHA Resident Only) or statement from the owner that certifies that the applicant(s) are/were residents of the dwelling unit at the time the alleged abuse occurred or proof of Tenancy

Any other supporting documentation (e.g. HUD Certification form 50066, police reports, court orders, active restraining orders etc.).

I, _____, authorize the release of the above information to the Boston Housing Authority. Furthermore, any falsification, misrepresentation or concealment of information will be considered grounds for denying any assistance to BHA housing.

Signature:

Date:

PART II. Must be completed by a Physician, Social Worker, Official from a Domestic Violence Shelter, Court of Law, Government, or Law Enforcement Agency.

Resident/Applicant's Name: _____

Head of Household (if Different): _____

1. Please describe the resident's/applicant's claim of Domestic Violence, Dating Violence, Sexual Assault or Stalking:

2. Please explain why the only alternative is to relocate this resident's household from the current dwelling where the victim is a tenant of record:

3. Name of Perpetrator: _____ Date of Birth: _____

Address: _____

4. Dates and locations the incident(s) occurred

5. Victim is being assisted by a Domestic Violence Service Provider

Yes No

Agency: _____

Name of Staff: _____ Tel: _____

6. I certify that the above information is accurate to the best of my knowledge under pains and penalties of perjury.

Signature of the Professional Certifying the above Situation Date

Print Name: _____ Title: _____

Agency Name: _____

Daytime Phone: () _____