**Avoidance of Reprisal or Witness Protection**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID or SSN: \_\_\_\_\_\_\_\_\_\_

**Displaced Due to Avoidance of Reprisal or Witness Protection**: My Household is required to move because an Applicant Household Member or I:

1. Provided information or testimony on criminal activities to a law enforcement agency; **AND**
2. Based upon a threat assessment, a law enforcement agency recommends our relocation to avoid or minimize risk of violence against an Applicant Household Member or myself as reprisal for providing such information.

**Applicant Certification of Displaced Due to Avoidance of Reprisal or Witness Protection**: I hereby certify that I am required to move permanently from my residence of record because: an Applicant Household Member or I provided information or testimony on criminal activities to a law enforcement agency; **AND** based upon a threat assessment, a law enforcement agency recommends our relocation to avoid or minimize risk of violence against an Applicant Household Member or myself as reprisal for providing such information.

I understand that any falsification, misrepresentation, or concealment of information is grounds for admissions denial to BHA housing for a period of three (3) years.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Verification:** A letter from a law enforcement agency that an Applicant Household Member or I provided testimony and the law enforcement agency recommends relocation due to safety concerns.

Rev. 09/05/23