

RE:

Applicant's Name (print). *If applicant is anonymous in HMIS, use Client ID.*

The applicant referenced above has applied for assistance with our agency's federally funded housing program. Federal regulations require documented certification that **this individual or family is either fleeing, or attempting to flee domestic violence, has no other residence and lacks the resources and support networks needed to obtain other permanent housing; or is fleeing while remaining in their current place of residence but lacks the resources and support networks needed to obtain other permanent housing.** A certification from the individual or head of household seeking assistance or by the intake staff is required.

"Domestic violence" includes dating violence, sexual assault, stalking, trading sex for housing (survival sex), trafficking (forced or coerced into sexual or labor activities), violence or threats of violence because of sexual orientation or gender identity, or other dangerous or life threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return or stay in their home.

SECTION BELOW TO BE COMPLETED BY THE INDIVIDUAL/HEAD OF HOUSEHOLD OR PROVIDER STAFF

Select the situation that applies:

- I/We are fleeing, or attempting to flee, violence as defined above, lack the support networks (family, friends, faith-based or social networks, etc.) or resources needed to obtain other housing, and have not identified a subsequent residence
- I/We are fleeing, or attempting to flee, violence as defined above and plan to remain in my/our current place of residence

Can this information be verified without jeopardizing this person's safety? YES NO
IF YES, the service provider should complete this section.

This household sought assistance at _____ (agency) on _____ (date). Please provide the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee, one of the conditions above:

If form completed by applicant: I certify that the above selected statements are true and complete.

Name (print clearly)	Signature	Date

If form completed by housing provider staff: I certify that the above selected statements are true and complete as reported to me by the applicant.

Staff Name (print clearly)	Signature	Date