

**PROFESSIONAL CERTIFICATION OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

This box is to be completed by the program applicant/participant seeking VAWA protections.

Program Applicant/Participant: _____ **Date:** _____

Provider of Housing or Rental Assistance: _____

Deadline to Submit This Form (if applicable): _____

VAWA Protection Requested: Defense of eviction, termination, or denial

Emergency Transfer Removal of household member Other: _____

What is VAWA and how does it apply to housing and rental assistance programs? 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 committed against them. It also provides special housing protections, like emergency transfers to alternative and safe rental units. 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.

Why am I being asked to complete this form? The person asking you to complete this form is seeking VAWA protections from a housing provider or rental assistance provider. The provider of housing or rental assistance has asked or may ask the person to document this abuse, and this form may be used to evaluate the request for VAWA housing protections.

Who should fill out this form? An employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) who provided assistance to the program participant relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse.

How long do I have to fill out this form? Once a provider of housing or rental assistance requests documentation to support the program participant’s request for VAWA protections, the program participant must respond within 14 business days. The program participant may request an extension. Protections requested may be unavailable until documentation is provided.

Confidentiality: All information provided on this form is strictly confidential and will not be entered into any shared database. Only staff of the provider of housing or rental assistance who are evaluating the request for VAWA protections have access to this form, 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 the program participant in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program; or (iii) otherwise required by applicable law.

Fax or mail this completed form to:

If you have questions about completing this form, please contact Vermont Legal Aid: 1-800-889-2047.

To be completed by the professional:

1. Your name and title: _____

2. Attach your business card or provide your contact information here:

3. What is your relationship with the program participant requesting VAWA protections?

4. Under penalty of perjury,

- I attest that the program participant has sought assistance from me for reasons relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse.
- I believe that the program participant requesting this form was the victim of an incident or incidents of domestic violence, dating violence, sexual assault, or stalking that meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking," as defined by HUD's regulations at 24 C.F.R. 5.2003.

Your attestation is limited to your belief that the victim's self-reporting or other evidence presented to you is credible and satisfies the regulatory definitions provided by 24 C.F.R. 5.2003, included below.

24 C.F.R. 5.2003 provides the following definitions:

- Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, 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. The term "spouse or intimate partner of the victim" includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.
- Dating violence means violence committed by a person: (1) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (2) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.
- Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.
- Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to: (1) fear for the person's individual safety or the safety of others; or (2) suffer substantial emotional distress.

Signature: _____ **Date:** _____

I, _____ (program participant/applicant), authorize _____ (provider) to release this form to the provider listed above. I certify that the information I provided to the service provider completing this form is true and correct to the best of my knowledge and recollection, and that I was or have been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of this form based on false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature of Program Participant: _____ **Date:** _____