

## Your Housing Rights as a Victim of Domestic Violence

Dear Resident:

Families that reside in Public Housing that are experiencing domestic violence may be eligible for an emergency transfer if they are in imminent danger. You may also have additional rights if you have a pending eviction.

Contact your property manager or **RSS at (315) 470-4359** to discuss your housing rights regarding the eviction process and whether you are eligible for a transfer.

Please see the enclosed information listed below.

1. Notice of Occupancy Rights
2. VAWA Transfer Request Checklist
3. Emergency Transfer Request
4. Certification
5. Document titled "Are you a Victim of Domestic Violence?"

**DUE TO HIGH OCCUPANCY RATES OF SHA PROPERTIES, EMERGENCY TRANSFERS MAY TAKE SEVERAL MONTHS.**

**IF YOU ARE IN IMMEDIATE DANGER and NEED SHELTER CONTACT 911 and Vera House.**

Vera House 24-Hour Crisis & Support Line

(315) 468-3260

TTY (For the Deaf Community — Regular Business Hours Only)

(315) 484-7263



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / [www.syracusehousing.org](http://www.syracusehousing.org)

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# VAWA Transfer Request Checklist

**Step 1 – Please see the enclosed documents:**

- Notice of Occupancy Rights (keep for your records)
- Emergency Transfer Form
- Certification
- “Are You a Victim of Domestic Violence?” (keep for your records)

**Step 2 – Documentation**

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

Name: \_\_\_\_\_

Head of Household (if different): \_\_\_\_\_ Tenant Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Bedroom Size: \_\_\_\_\_ Bedrooms Needed: \_\_\_\_\_ Current Income: \_\_\_\_\_

Children,  
with ages:

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•
•
•
•

Which SHA properties are you <b>UNWILLING</b> to transfer to? (Please select all that apply)					
	Pioneer Homes		Central Village		Almus Olver Towers
	McKinney Manor		Toomey Abbott Tower		James Geddes Family
	James Geddes Elderly		Vinette Towers		Fahey Court
	Benderson Heights		Scattered Sites		Ross Towers

You will be offered a transfer to another public housing unit. If you are unwilling to transfer to a particular location you must have good cause as to why you cannot transfer to that location. Please explain below why you cannot transfer to any of the locations that you selected above.

**Please return the following to your property manager or mail to 516 Burt Street, Syracuse, NY 13202, fax to 315-470-4203 or email to info@syrhousing.org:**

- This Check List
- Emergency Transfer Request Form
- Supporting Documentation:
  - Self Certification
  - Order of Protection

## Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>

### To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **SHA** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

### Protections for Applicants

If you otherwise qualify for assistance under **SHA**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

### Protections for Tenants

If you are receiving assistance under **SHA** you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **SHA** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### Removing the Abuser or Perpetrator from the Household

**SHA** may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If **SHA** chooses to remove the abuser or perpetrator, **SHA** may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program,

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



SHA must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, SHA must follow Federal, State, and local eviction procedures. In order to divide a lease, SHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, SHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, SHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria 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, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(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 expressly request the transfer.

SHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

SHA's emergency transfer plan provides further information on emergency transfers, and SHA must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

SHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from SHA must be in writing, and SHA must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to

provide the documentation. SHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to SHA as documentation. It is your choice which of the following to submit if SHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by SHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that SHA has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, SHA does not have to provide you with the protections contained in this notice.

If SHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), SHA has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, SHA does not have to provide you with the protections contained in this notice.

### **Confidentiality**

SHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

SHA must not allow any individual administering assistance or other services on behalf of SHA (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

SHA must not enter your information into any shared database or disclose your information to any other entity or individual. SHA, however, may disclose the information provided if:

- You give written permission to SHA to release the information on a time limited basis.
- SHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires SHA or your landlord to release the information.

VAWA does not limit SHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, SHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if SHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If SHA can demonstrate the above, SHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with the U.S. Department of Housing and Urban Development Buffalo Office.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

Additionally, SHA must make a copy of HUD's VAWA regulations available to you if you ask.

For questions regarding VAWA, please contact the **Syracuse Housing Authority's Main Administrative Office at 315-475-6181.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Vera House at 315-425-0818.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact Vera House at 315-425-0818 or the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Victims of stalking seeking help may contact **Vera House at 315-428-0818**

**Attachment:** Certification form HUD-5382

**EMERGENCY TRANSFER REQUEST PER VIOLENCE AGAINST WOMEN ACT  
(VAWA)**

For Certain Victims Of Domestic Violence, Dating Violence, Sexual Assault, Or Stalking *Omb Approval No. 2577-0286*

**Purpose of Form:** If you (or a member of your household) 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 VAWA. Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault, or stalking. Submitting this form does not necessarily mean that you will receive an emergency transfer. See SHA's Emergency Transfer Plan for more information about emergency transfers.

The requirements you must meet are:

(1) **You (the tenant) are a victim of domestic violence**, dating violence, sexual assault, or stalking. If SHA does not already have documentation that you (or your household member) are a victim of domestic violence, dating violence, sexual assault, or stalking, SHA 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. SHA may choose to require that you submit this form, or may accept another written or oral request. See SHA's Emergency Transfer Plan for more details; and

(3) (A) **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

(3) (B) You are a **victim of sexual assault**. If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you may submit that documentation to SHA 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:

1. a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance;
2. a current restraining order; a recent court order or other court records; a law enforcement report or records;
3. 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.



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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): \_\_\_\_\_
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.  Yes  No
11. Does the person requesting the transfer reasonably believe there is a threat of imminent harm from further violence if the person remains in the same dwelling unit that he or she is currently occupying?  Yes  No
12. List any voluntarily provided third-party documentation you are providing? \_\_\_\_\_

**Confidentiality:** SHA must follow strict confidentiality measures to ensure that the location of your dwelling unit is never disclosed to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against you. In addition, SHA must keep strictly confidential any information you provide concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, including the fact that you are a survivor. Information about the incident(s) and your status as a survivor, such as the information on this form, may only be accessed by employees or contractors of SHA if explicitly authorized by SHA for reasons that specifically call for those individuals to have access to the information under applicable Federal, State, or local law. Information about the incident(s) and your status as a survivor shall not be entered into any shared database or disclosed 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.

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 \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



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HUD OMB Approval No. 2577-0286

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

**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.



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**SYRACUSE HOUSING AUTHORITY**

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

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)
10. Location of incident(s):

In your own words, briefly describe the incident(s):

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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. 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 \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



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**CERTIFICACIÓN DE**                      **Departamento de Vivienda y**      Núm. de aprobación de OMB 2577-0286  
**VIOLENCIA DOMÉSTICA,**      **Desarrollo Urbano de los EE.UU.**                      Expira 30/06/2017  
**VIOLENCE DE PAREJA,**  
**AGRESIÓN SEXUAL O ACOSO,**  
**Y DOCUMENTACIÓN ALTERNATIVA**

**Propósito del formulario:** La Ley sobre la Violencia contra la Mujer (VAWA, por sus siglas en inglés) protege a los solicitantes, inquilinos y participantes de ciertos programas de HUD de ser desalojados, denegados asistencia de vivienda o la terminación de su asistencia de vivienda por razón de actos de violencia doméstica, violencia de pareja, agresión sexual o acoso en su contra. A pesar del nombre de esta ley, las protecciones de VAWA están disponibles para las víctimas de violencia doméstica, violencia de pareja, agresión sexual y acoso independientemente del sexo, identidad de género u orientación sexual.

**Uso de este formulario opcional:** Si está solicitando las protecciones proporcionadas por VAWA de su proveedor de vivienda, su proveedor de vivienda puede darle una solicitud por escrito que le pide que presente documentación sobre el incidente o incidentes de violencia doméstica, violencia de pareja, agresión sexual o acoso. En respuesta a tal petición, usted o alguien en su nombre puede completar este formulario opcional y presentarlo a su proveedor de vivienda, o usted puede presentar uno de los siguientes tipos de documentación de terceros:

1. Un documento firmado por usted y un empleado, agente o voluntario de un proveedor de servicios para víctimas, un abogado, o un profesional médico o un profesional de salud mental (colectivamente, "profesional") de quien usted ha solicitado ayuda en relación con el incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso, o los efectos del abuso. El documento debe especificar, bajo pena de perjurio, que el profesional cree que el incidente o incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso ocurrió y cumple con la definición de "violencia doméstica", "violencia de pareja", "agresión sexual", o "acoso" en las regulaciones de HUD en 24 CFR 5.2003.
2. Un registro de una agencia policial, administrativa o corte federal, estatal tribal, territorial o local; o
3. A discreción del proveedor de vivienda, una declaración u otra evidencia proporcionada por el solicitante o inquilino.

**Presentación de la documentación:** El plazo para presentar la documentación es de 14 días laborables a partir de la fecha que usted recibe una solicitud por escrito de su proveedor de vivienda pidiéndole que presente documentación del incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso. Su proveedor de vivienda puede, aunque no está obligado, extender el plazo para presentar la documentación, si usted solicita una extensión del plazo. Si la información solicitada no es recibida dentro de 14 días laborables a partir del momento en que recibió la solicitud de dicha documentación, o de la extensión de la fecha proporcionada por su proveedor de vivienda, su proveedor de vivienda no tiene necesidad de proporcionarle ninguna de las protecciones de VAWA. La distribución o expedición de este formulario no constituye una solicitud por escrito de certificación.

**Confidencialidad:** Toda la información proporcionada a su proveedor de vivienda con respecto al incidente(s) de violencia doméstica, violencia de pareja, agresión sexual o acoso se mantendrá en confidencialidad y tales detalles no se ingresarán en ninguna base de datos compartida. Los empleados de su proveedor de vivienda no deben tener acceso a estos detalles a menos que sea para concederle o denegarle las protecciones de VAWA, y dichos empleados no podrán revelar esta información a ninguna otra entidad o persona, salvo en la medida en que su divulgación sea: (i) bajo su consentimiento por escrito para divulgación por un tiempo limitado; (ii) requerida para uso en un proceso de desalojo o audiencia relacionada con la terminación de asistencia; o (iii) de algún otro modo exigido por las leyes aplicables.

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**PARA COMPLETARSE POR O EN NOMBRE DE LA VÍCTIMA DE VIOLENCIA DOMÉSTICA, VIOLENCIA DE PAREJA, AGRESIÓN SEXUAL O ACOSO**

1. Fecha en que la víctima recibió la solicitud por escrito: \_\_\_\_\_

2. Nombre de la víctima: \_\_\_\_\_

3. Su nombre (si usted no es la víctima): \_\_\_\_\_

4. Nombre(s) de otro(s) miembro(s) de la familia en el contrato de arrendamiento: \_\_\_\_\_

5. Residencia de la víctima: \_\_\_\_\_

6. Nombre del acusado (si se conoce y se puede divulgar con seguridad): \_\_\_\_\_

7. Relación del acusado con la víctima: \_\_\_\_\_

8. Fecha(s) y hora(s) del (los) incidente(s) (si las sabe): \_\_\_\_\_

10. Lugar del (los) incidente(s): \_\_\_\_\_

En sus propias palabras, describa brevemente el (los) incidente(s): _____ _____ _____ _____
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Esto es para certificar que la información proporcionada en este formulario es verdadera y correcta de acuerdo con mi mejor saber y entender, y que la persona mencionada anteriormente en el Número 2 es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. Yo reconozco que presentar información falsa podría poner en peligro mi elegibilidad del programa y podría ser la base para denegar la admisión, terminar la asistencia o el desalojo.

Firma \_\_\_\_\_ Firmado el (Fecha) \_\_\_\_\_

**Carga de divulgación pública:** La carga de divulgación pública para recopilar esta información se estima en un promedio de 1 hora por respuesta. Esto incluye el tiempo para recopilar, revisar e informar

los datos. La información proporcionada debe ser utilizada por el proveedor de vivienda para solicitar la certificación de que el solicitante o inquilino es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. La información está sujeta a los requisitos de confidencialidad de VAWA. Esta agencia no puede recopilar esta información, y usted no tiene la obligación de completar este formulario, a menos que muestre un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés).

**HUD-5382**  
(30/06/2017)

## Are you a Victim of Domestic Violence?

### FIND A SAFE PLACE and get COUNSELING

Vera House 24-Hour Crisis & Support Line — (315) 468-3260  
TTY — (315) 484-7263 (For the Deaf Community — Regular Business Hours Only)  
New York State Domestic Violence Hotline — 1 (800) 942-6906  
Onondaga County Helpline — 211 or 1-844-245-1922  
CONTACT Community Services — 315-251-0600

**SHA Residents:** If you are a Syracuse Housing Authority Resident contact your property manager or **RSS at (315) 470-4359** to discuss your housing rights regarding the eviction process and whether you are eligible for a transfer.

**CALL THE POLICE** if you are in immediate danger — Try to remain calm. Provide the police with information and evidence of injuries. Ask for a police report. If you want your partner arrested, tell the responding officer.

Emergencies — 911  
Syracuse Police Department — 315-442-5111  
Onondaga County Sheriff — 315-435-2111  
Sheriffs Abused Persons Unit — 315-435-3092

**GET MEDICAL ATTENTION** — Call your doctor or go to the emergency room for treatment. Make sure you tell the doctor how your injuries were sustained and have this information documented.

**GET LEGAL HELP** — *if you are being abused by your partner, it is important to know your legal rights and options*

**FAMILY COURT / ORDER OF PROTECTION:** *Information about family court options can be obtained from an attorney or*

*Vera House volunteers at the courthouse **Room 101,**  
Onondaga County Family Court, 401 Montgomery Street, Syracuse, NY 13202  
Phone: (315) 671-2000, Fax: (315) 671-1163*

### **DISTRICT ATTORNEY'S VICTIM ASSISTANCE PROGRAM (Monday-Thursday, 9am-4pm)**

To initiate a criminal proceeding:

Onondaga County District Attorney's Office  
505 South State Street  
Syracuse, NY 13202  
315-435-3916 ext 305