



**RIHousing HOME Program  
Emergency Transfer Request  
for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Complete this form to request an emergency transfer under the Violence Against Women Act (VAWA) if:

- 1) You are a victim of domestic violence, dating violence, sexual assault, or stalking (your housing provider may ask you for documentation.)
- 2) You expressly request the emergency transfer (your housing provider may choose to require that you submit this 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;

**OR**

You are a victim of sexual assault and the assault occurred on the premises within 90 days of this request.

**Submitting this form does not necessarily mean that you will receive an emergency transfer.** See your housing provider's emergency transfer plan for information on the availability of emergency transfers.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include:

- A letter or documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or professional from whom you sought assistance;
- A current restraining order;
- A recent court order or other court records;
- A law enforcement report or records; and
- 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.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential and shall not be entered into any shared database. Employees or agents of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. 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.



**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? \_\_\_\_\_
11. If the answer to question 10 is "No", describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.  
\_\_\_\_\_  
\_\_\_\_\_
12. If voluntarily provided, list any third-party documentation you are providing along with this notice: \_\_\_\_\_

By signing this form, I 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) \_\_\_\_\_