



**BOSTON HOUSING AUTHORITY**  
 Occupancy Department  
 52 Chauncy Street, 3<sup>rd</sup> Floor  
 Boston, Massachusetts 02111-2375



617-988-3400  
 TDD 1-800-545-1833 Ext. 420  
[www.BostonHousing.org](http://www.BostonHousing.org)

(This form is available in an alternative format upon request.)

**CERTIFICATE OF DOMESTIC VIOLENCE/DATING VIOLENCE/SEXUAL ASSAULT OR STALKING**

**PART I. TO BE COMPLETED BY THE RESIDENT/APPLICANT:** Resident/Applicant please read each definition below carefully and **Check-Off** the applicable situation(s).

**DEFINITION:**

**Domestic Violence** – The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, 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.”

**Dating Violence** – means violence committed by a person -  
 (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and  
 (B) 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.  
 (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 consent.

**Stalking** – means –  
 (A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and  
 (B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to  
 (i) that person  
 (ii) a member of the immediate family of that person; or  
 (iii) the spouse or intimate partner of that person;

**Affiliated individual** - means, with respect to a person –  
 (A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or  
 (B) any person, tenant, or lawful occupant living in the household of that person.

**Perpetrator** – means person who commits an act of domestic violence, dating violence, sexual assault or stalking against a victim.

**DOCUMENTATION REQUIRED:**

**Failure to provide ALL required documentation will result in denial of priority request.**

- ◆ Submission of this fully *completed and signed* “Certification of Domestic Violence/Dating Violence/Or Stalking form; **and (if you are an Applicant not a current BHA Resident)**
- ◆ **Copy of the Lease** or statement from the owner that certifies that the applicant(s) are/were residents of the dwelling unit at the time the alleged abuse occurred or proof of Tenancy; **and**
- ◆ **Resident or Applicant** may submit other supporting documentation (e.g. HUD Certification form 50066, police reports, court orders, active restraining orders etc.).

I, \_\_\_\_\_, (SS#: \_\_\_\_\_), authorize the release of the above information to the Boston Housing Authority. I also hereby certify that I am/was the tenant of record at the location from where I have/had to leave due to the abuse. Furthermore, I certify that the information I am providing is true under pains and penalty for perjury.

I understand that any falsification, misrepresentation or concealment of information will be considered grounds for denying any assistance to BHA housing.

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

**Name (Please Print):** \_\_\_\_\_ **Client #** \_\_\_\_\_ **(if applicable)**

**Current Address:** \_\_\_\_\_ **Unit#** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**\*\*Reverse Side To Be Completed by the Appropriate Third Party\*\***

**This is an important document. If you require interpretation, please call the telephone number below or come to our offices.**  
 Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.  
 這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室  
 Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone abaixo ou vem a nossos escritórios.  
 Это важный документ. Если Вам требуется перевод, пожалуйста позвоните нам (телефонный номер ниже). Или придите в наш офис.  
 Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.  
**នេះ គឺជាឯកសារសំខាន់មួយ។ ប្រសិនបើលោកអ្នក ចាំបាច់ត្រូវបានការបកប្រែ សូមទូរស័ព្ទលេខខាងក្រោមនេះ៖មកកាន់ ឬ អាញីញមកកាន់ខាងក្រោមដោយផ្ទាល់នៅការិយាល័យយើងផង។**  
 Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.  
 Tani waa dhokomenta muhiim ah. Haddii aad rabto tarjumaad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.  
 هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.  
 این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.  
**Telephone No. : (617) 988-3400**

**PART II. TO BE COMPLETED BY A PHYSICIAN, LICENSED SOCIAL WORKER OR AN OFFICIAL FROM A DOMESTIC VIOLENCE SHELTER, COURT OF LAW, GOVERNMENT OR LAW ENFORCEMENT AGENCY:**

*NOTE: The person completing this form MUST be affiliated with an agency that regularly interacts with victims of abuse.*

**Resident/Applicant's Name:** \_\_\_\_\_ **s.s#** \_\_\_\_\_

**Head of Household (if Different)** \_\_\_\_\_ **s.s#** \_\_\_\_\_

1. Please check which of the following describes the resident's/applicant's claim of:

A.  Domestic violence which is of continuing nature and actual or threatened physical violence by a household member against another member of the household. Please specify: \_\_\_\_\_

\_\_\_\_\_

Or of continuing nature and actual or threatened physical violence by a non-household member against the resident or another household member of the unit. Please specify: \_\_\_\_\_

\_\_\_\_\_

B.  Dating Violence which is of continuing nature and actual or threatened physical violence against any household member of the resident of the dwelling unit. Please specify: \_\_\_\_\_

\_\_\_\_\_

C.  A nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks consent against any household member of the resident of the dwelling unit. Please specify: \_\_\_\_\_

\_\_\_\_\_

D.  Stalking which is of continuing nature and actual or threatened physical violence against any household member of the resident of the dwelling unit. Please specify: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

2. Please check the appropriate statement. The only alternative is to relocate this resident's household from the current dwelling where the victim is a tenant of record:

A.  Yes, why \_\_\_\_\_

\_\_\_\_\_

B.  No, the alternative(s) is/are:

\_\_\_\_\_

C.  Complete Name of the alleged Perpetrator \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S# \_\_\_\_\_ (if available).

Any known address(es) where alleged perpetrator resides: \_\_\_\_\_

\_\_\_\_\_

D.  Dates and locations the incident(s) occurred \_\_\_\_\_

\_\_\_\_\_

E.  This household is being assisted by a Domestic Violence Unit or Sexual Assault Unit at: \_\_\_\_\_

Name of Staff and phone number \_\_\_\_\_

I certify that the above information is accurate to the best of my knowledge under pains and penalties of perjury.

\_\_\_\_\_  
**Signature of the Professional Certifying the above Situation**

\_\_\_\_\_  
**Date**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_\_) \_\_\_\_\_



EQUAL EMPLOYMENT OPPOTUNITY

