



90 Longwood Ave, Ste 1
Brookline, MA 02446

TEL: 617 277 2022
TTD: 800 545 1833 x213

Brookline Housing Authority

This is an important notice. Please have it translated
Esta es una notificación importante. Por favor, mande a traducirla.
Sa a se yon avi enpòtan. Tanpri fè tradui l.
これは重要な通知です。これを翻訳してもらってください。
זוהי הודעה חשובה. אנא תדאגו לתרגומה.
Đây là một thông báo quan trọng. Vui lòng cho dịch ra.
這是個重要通告，請予翻譯。
Это важное уведомление. Просим перевести его.
Este é um aviso importante. Por favor traduza o mesmo.

Dear tenant,

We are here to support you! If you are in a domestic violence situation and need an emergency transfer, be sure to get in touch with your property manager as soon as possible.

Property Manager	Email	Phone	Development
Melissa Pagan	mpagan@brooklinehousing.org	617-734-6348	22 High St./Walnut St. Apts.
Sandra Santiago	ssantiago@brooklinehousing.org	617-992-8714	190 Harvard St. 90 Longwood LLC
Lisa Brown	lmbrown@brooklinehousing.org	617-921-6059	50 Pleasant LLC
Ana De La Puente, Director of Property Management	adelapuerta@brooklinehousing.org	617-277-2022 X 321	61 Park LLC

Attached are the required forms to apply for a VAWA Emergency Transfer. Please note that the BHA can request third-party documentation to support your emergency transfer request.

1. VAWA Emergency Transfer Request_ HUD Form 5383
2. Transfer Application
3. Third-Party Documentation

Once you've completed the attached application and included supporting documents, please email or hand deliver your emergency transfer packet to your property manager. You may also bring your documents to the main office located at 90 Longwood Ave.

If you have any questions, do not hesitate to contact your property manager for assistance.

Thank you,

Property Management

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you 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 Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet 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. 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. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(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 submit this form or otherwise expressly request the transfer.

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, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; 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. 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 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? If yes, skip question 11. If no, fill out question 11. _____

11. 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: _____

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) _____



Brookline Housing Authority

OFFICE USE ONLY

Development(s): _____

Preference: _____

Unit Type: _____

App ID: _____

TRANSFER APPROVAL FORM

Head of household:			
Address:		City:	State: Zip:
Phone #:		E-mail:	
Transfer initiated by:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Brookline Housing Authority	
Current Bedroom Size:		Requested Bedroom Size:	

HOUSEHOLD COMPOSITION							
#	HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	SSN #	SEX	RACE/ETHNICITY	DISABLED
1.		HOH			F / M		Y / N
2.					F / M		Y / N
3.					F / M		Y / N
4.					F / M		Y / N
5.					F / M		Y / N
6.					F / M		Y / N
7.					F / M		Y / N
8.					F / M		Y / N

REASON FOR TRANSFER	
<i>Transfers require supporting documentation</i>	
<input type="checkbox"/> VAWA Transfer (VAWA form 5383 and DV documents must be attached to this request)	<input type="checkbox"/> Relocation due to Redevelopment
<input type="checkbox"/> Underhoused/Over Housed: Change in Family Composition	<input type="checkbox"/> Reasonable Accommodation based on disability. (Reasonable Accommodation form and medical letter must be attached to this request)
Other:	

Property Managers Recommendation: _____

Property Managers Signature

Date

Director of Management Decision: _____

Director of Management Signature

Date