



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                     |
|------------------|---------------------------------|-------------------|---------------------------------|
| Nery Otero       | notero@brooklinehousing.org     | 617-734-6348      | High Street Veterans            |
| Kelley Chambliss | kchambliss@brooklinehousing.org | 617-981-9835      | Egmont Street Veterans          |
| Kelley Chambliss | kchambliss@brooklinehousing.org | 617-232-2265      | Trustman Apartments             |
| Ana De La Puente | adelapuate@brooklinehousing.org | 617-277-2022 X321 | Director Of Property Management |

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. State Public Housing Certification of Domestic Violence
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

## Certification of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Form

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**Purpose of Form:** The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** This is an optional form. A housing agency, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

1. A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
2. Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the housing agency, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the housing agency, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the housing agency, owner or manager cannot require any additional evidence from the Victim.

**Confidentiality:** All information provided to a housing agency, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the housing agency, owner or manager, and such information shall not be entered into any shared database. Employees of the housing agency, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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### To be completed by the Victim of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Victim

Date Written Request Received by Victim: \_\_\_\_\_

Name of Victim: \_\_\_\_\_

Name of Other Families Members Listed on Lease: \_\_\_\_\_

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Name of Perpetrator\*: \_\_\_\_\_

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred:

\_\_\_\_\_

Location of Incident(s): \_\_\_\_\_

Description of Incident(s)

This description may be used by the housing agency, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible. Please attach additional sheets of paper as necessary.

\_\_\_\_\_  
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I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature: \_\_\_\_\_ Executed 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