



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
Kiki Berry	kberry@brooklinehousing.org	857-225-7969	Egmont Street Veterans
Rosie Caraballo	rcaraballo@brooklinehousing.org	857-393-5205	Trustman Apartments
Ana De La Puente	adelapuate@brooklinehousing.org	617-735-7218	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

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.

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: _____

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.

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:	☐ Tenant	☐ 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>	
☐ Federal VAWA Transfer (VAWA form 5383 and DV documents must be attached to this request)	☐ Relocation due to Redevelopment
☐ State VAWA Transfer (DV documents must be attached to this request)	☐ Reasonable Accommodation based on disability. (<i>Reasonable Accommodation form or medical letter must be attached to this request</i>)
☐ Underhoused/Over Housed: Change in Family Composition	Other: _____

Property Managers Recommendation: _____

Property Managers Signature

Date

Director of Management Decision: _____

Director of Management Signature

Date

RETURN COMPLETED APPLICATION TO YOUR PROPERTY MANAGER