



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

Cal # _____
Unit # _____

EMERGENCY TRANSFER REQUEST DUE TO DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

You have requested an emergency transfer under the Violence Against Women Act (VAWA) because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. This form is to formally request that you document to the HACLA the following information:

Name of Resident: _____

Name of Victim: _____

Phone number and/or e-mail for contacting you: _____

Name of Perpetrator (if known): _____

Victim's Relationship to Perpetrator: _____

Perpetrator's Residence/Address (if known): _____

Date(s) and Location of Incident(s): _____

Are you remaining in the unit during this time? Yes No

If "No", where are you staying? (e.g. relative's home, friend's home) _____

Is this request due to sexual assault that occurred on the premises within the last 90 days? Yes No

Do you reasonably believe there is a threat of *imminent* harm from further violence if you remain in your unit? (If "Yes", explain below) Yes No

Was a Police Report or Restraining Order filed? (If "Yes" attach copy) Yes No

I certify that:

- I am, or the household member listed above is, a victim of domestic violence, dating violence, sexual assault, or stalking and I expressively request an emergency transfer due to the incident(s) of domestic violence, dating violence, sexual assault, or stalking.
- I will not provide to the perpetrator of the domestic violence, dating violence, sexual assault, or stalking, for which I requested an emergency transfer, the address (including site name and unit number) of the unit that I am being transferred to. Additionally, the address will not be provided to anyone who may provide it to the perpetrator.
- I understand that I will be offered suitable units at different locations *if available* and for each offer I will have two (2) business days to accept/reject the unit. I also understand that the HACLA is not able to guarantee the safety of units or sites.
- I will remain responsible for my current unit and rent obligation if I temporarily relocate while the transfer request is being evaluated or while waiting for a unit to become available.
- Being granted a transfer **does not** waive any obligation I may have under the terms of my Rental Agreement, nor waive any existing breach of the Rental Agreement. HACLA may pursue or continue to pursue any legal action and remedy against me as if no transfer was requested or granted.
- I have been provided with the contact information for the National Domestic Violence Hotline 1-800-799-7233 or www.thehotline.org, The Rape, Abuse & Incest National Network's National Sexual Assault Hotline 800-656-HOPE or <https://ohl.rainn.org/online>, the National Center for Victims of Crimes Stalking Resource Center www.victimsofcrime.org/our-programs/stalking-resource-center, and the City of Los Angeles's Sexual Assault Hotline 1-800-656-4673 or www.safela.org.

Signature of Resident: _____ Date: _____

For HACLA Use Only

Red'd by: _____ Date: _____ Cal #: _____ Family size: _____ 504 needs: Yes No
State 504: _____

Date Forwarded to Admin: _____ Comment: _____