

Executive Office of Housing and Livable Communities

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking: HOME and HTF Programs

Emergency Transfers

The Executive Office of Housing and Livable Communities ("EOHLC") has developed this Emergency Transfer Plan for units funded under the HOME Investment Partnerships ("HOME")¹ or Housing Trust Fund ("HTF") programs through EOHLC pursuant to requirements of the Violence Against Women Act ("VAWA").² The purpose of this Emergency Transfer Plan is to assist tenants of HOME/HTF assisted units who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with VAWA, tenants who are victims of domestic violence, dating violence, sexual assault, or stalking may request an emergency transfer from the tenant's current unit to another unit at the same or another property. EOHLC through its designee, Casa Myrna Vazquez, Inc. (the "Designee"), will facilitate this request by making a determination that a tenant qualifies for an emergency transfer and by providing information on housing and other domestic violence resources as described in this Emergency Transfer Plan.

EOHLC will also include VAWA requirements in contracts with owners of HOME/HTF assisted units (each an "Owner"), take further steps to assure that Owners are aware of their obligations under VAWA. The ability to request a transfer and to receive a determination of qualification for an emergency transfer and resources under this Emergency Transfer Plan is available regardless of sex, gender identity, or sexual orientation.³ The ability of the Designee to facilitate such request for tenants currently receiving assistance, however, may depend upon a determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the Designee is able to help the tenant identify a housing provider (i.e., housing owner) that has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies the category of tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development ("HUD"), the Federal agency that oversees the compliance of the HOME and HTF programs with VAWA.



Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. A tenant requesting a determination through the Designee that it meets the criteria for an emergency transfer under VAWA must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Note on Internal Transfers: in accordance with VAWA regulations applicable to HOME/HTF, a tenant that is eligible for an emergency transfer under this plan must receive priority for an internal transfer (relocation to another unit where the tenant would not be characterized as a new applicant) that is *at least equal to* any applicable additional priority that the housing providers may already provide to other types of emergency transfer requests.

Emergency Transfer Request Documentation

To request a determination of qualification for an emergency transfer under VAWA through EOHLIC, the tenant shall submit a written request for a transfer to the Designee at 451 Blue Hill Avenue, Boston MA 02121 or ETP@casamyma.org through the attached Emergency Transfer Request Form. EOHLIC and its Designee will provide reasonable accommodations to this policy for individuals with disabilities.

Confidentiality

EOHLIC and the Designee will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives EOHLIC or the Designee written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential any information that EOHLIC or its Designee may obtain regarding the location of the new dwelling unit to which the tenant



relocates, if applicable, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act for more information about the responsibility of EOHLC, the Designee, and the Owners of HOME/RTF assisted housing to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The Designee cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Note: since EOHLC is not an owner and cannot make transfers, the owner has the responsibility for implementing transfers under this Emergency Transfer Plan when an emergency arises. Accordingly, approval of an emergency transfer request by the Designee will consist of a determination that the tenant qualifies for an emergency transfer.

The Designee will provide to the tenant documentation of tenant's qualification under this Emergency Transfer Plan for the tenant to submit to an Owner that either: 1) requests such documentation in order to permit the tenant to transfer *from* the Owner's unit or to terminate its current lease without penalty; and/or 2) requests such documentation in order to permit the tenant to transfer *to* the Owner's unit.

The Designee will act as quickly as possible to process a qualification determination in response to a request by a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, to provide the tenant information on housing and domestic violence resources, and to provide the tenant a list of properties that include EOHLC-funded HOME or RTF-units (depending on which program the tenant is currently under), including for each such property the property's address, contact information, the unit sizes (number of bedrooms) for such units, and, to the extent known, any tenant preferences or eligibility restrictions for such units. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The Designee may be unable to facilitate a transfer of a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the Designee is not aware of safe and available units for which a tenant who needs an emergency transfer is eligible, in addition to providing the listing of HOME/RTF assisted units described above, the Designee will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the Designee will also assist by referring the tenant to the



local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are listed in the attachment to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Safety Resources

SafeLink (877) 785-2020 or <http://www.casamvma.org/chat>, the state domestic violence hotline, for connection to resources and your local domestic violence organization, support and safety planning. SafeLink is a toll-free domestic violence Massachusetts hotline that provides callers 24/7 live response in English, Spanish, Portuguese, with access to translation in more than 130 languages. People who are Deaf and hard of hearing can reach SafeLink through the Mass

Relay service (<http://www.mass.gov/massrelay>) or dialing 711 in Massachusetts. See also

<https://www.casamvma.org/ETP> for resources relating to VAWA and EOHLA's Emergency

Transfer Plan, and www.masshousing.com/vawa for additional information on VAWA and related state law information and resources.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or visit the online hotline at www.thehotline.org, for assistance in creating a safety plan. For persons who are Deaf and hard of hearing, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who are or have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment 1: Emergency Transfer Request Form, Form HUD-5383

Attachment 2: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, Form HUD-5382



DATING VIOLENCE,

**SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and 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 to you, and 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.

Form HUD-5382
(12/2016)



TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim:

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p>

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. 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) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



FUNDER FILE REVIEW AUTHORIZATION FOR RELEASE OF INFORMATION



FOR SUPPORTIVE HOUSING PROGRAM

Upon admission to the program, each resident signs a release of information form. A copy of this form will be kept in the resident's file in the Property Manager's office. The release of information allows staff to share information with others only when it is necessary to obtain, provide, or monitor registered residents, or to advocate for residents with other individuals, organizations and agencies. The form also makes it possible for staff to allow funders to review the files as part of required program audits.

The release form will have a specific timeframe for which it is valid and will specify with whom staff can talk and regarding what. Residents may limit this permission by listing individuals, organizations or agencies with whom residents do not want us to exchange information. If it is unclear that you have permission to speak with someone regarding a resident, consult your supervisor or consult the resident directly.

I, _____ hereby authorize the staff of North Star Family Services to exchange information with the staff of NSF's Supportive Housing Program units and the housing authorities who administer the subsidies for the units, for the purposes of screening for and delivering services to the Supportive Housing Program units. This exchange shall include information concerning my health status (including my HIV status), income, household living arrangements, housing history and other information as necessary to be used for the purpose of determining and maintaining my eligibility to receive housing and support services through the Supportive Housing Program. This authorization is granted on the condition that due care will be exercised at all times with respect to my eligibility. I understand that I may revoke this authorization, except to the extent that North Star Family Services has already taken action based upon it.

Resident Signature

Date

I, _____ authorize the staff of North Star Family Services to allow the Department of Public Health (DPH), Commonwealth of Massachusetts, Massachusetts Housing and Shelter Alliance (MHSA) or their designees to access and review my resident record. The purposes for the review are for monitoring only. The review may include information such as name, HIV status and related diagnoses, substance abuse treatment, mental health care, medical care and treatment, financial circumstances, living arrangements and other information as requested. I understand that the review will be visual only, no records will be copied and no information identifying me will be recorded.

The authorization for release of information is for visual review only and in no way authorizes any such previously authorized reviewers or their designees the right to remove information or collect personal identifiers, except in cases of suspected fraud or criminal wrongdoing.

This authorization will have the duration of one year from the signing date below. I understand I am not required by law to consent to release this information, but choose to do so willingly and voluntarily. I understand I may revoke this consent at any time except to the extent action has been taken in reliance of my consent.

I further understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 CFR Pts. 160 & 164 and they cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent IN WRITING at any time, except to the extent that action has been taken in reliance on it and that, in any event, this consent expires automatically as indicated below or **within one year from the date of my signature** whichever occurs sooner:

Signatures on the Next Page



Resident Signature _____ *Date* _____

Resident Name (please print) _____ *Date of Birth* _____

Authorized Occupant Signature _____ *Date* _____

Authorized Occupant (please print) _____ *Date of Birth* _____

Supportive Housing Manager Signature _____ *Date* _____

Date Consent Expires: _____



NOTICE OF REASONABLE ACCOMMODATION

You may ask for a reasonable accommodation if you have a disability which causes you to need....

- A change in the policies or services or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If we know that you have a disability or you can show that you have a disability and if your request is reasonable (does not pose an undue financial and administrative burden and does not require a fundamental change in the nature of the program), we will try to make the changes you request.

We will give you an answer in 10 business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a Reasonable Accommodation Request Form, or if you want to give us your request in some other way, we will help you. You can get a reasonable accommodation request for at MOC Inc. at 978-785-5355 or by coming onto the office at 601 River Street, Fitchburg, MA 01420.

NOTE: All information you provide will be kept confidential and used only to help you have an equal opportunity to enjoy your housing.

MOC Inc. does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity (or any other class protected by state or local law) in the access or admission to its housing programs.

I have read and received a copy of the Reasonable Accommodation Notice.

Signature

Date



Request for a Reasonable Accommodation
REQUEST FOR A REASONABLE ACCOMMODATION

Date _____

Name of Head of Household _____

Address _____

Phone Number _____

1. The following member of my household has a disability as defined below:

A physical or mental impairment that substantially limits one or more major life activity; a record of having such an impairment; or being regarded as having such an impairment.

Name _____

Relation to Head of Household _____

2. As a result of this disability, I request the following physical change or changes so that the person listed above can live here as easily or successfully as the other residents.

- Visually impaired Hearing impaired
- Mobility impaired
- Other _____

3. As a result of this disability, I request the following policy change or changes so that the person listed above can live here as easily or successfully as the other residents.

- An assistance animal
- change in the way we communicate with you or give you information
- A change in the rules, policies or services, or how we do things that would give us an equal chance to live here and use the facilities or take part in programs on site
- A change to some other part of the housing site that would give us an equal chance to live here and use the facilities or take part in programs on site
- Other _____



CONSENT TO THE RELEASE OF INFORMATION

To Applicant or Resident: You have to sign a release of information to allow us to verify your disability related need for the accommodation you requested. Please make sure the information about who is to give information and who is to receive the information is clearly filled in before you sign it.

I give permission to provide the necessary information regarding my reasonable accommodation to:

MOC Inc.
601 River Street, Fitchburg MA 01420

I hereby authorize the service or healthcare provider named below to contact MOC Inc. to verify disability status, need for the requested accommodation described below and the connection between the two. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify MOC Inc. that I no longer give permission to discuss my request.

Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



You may contact the below to verify this disability:

Name _____ Title

Service or Medical Organization _____

Address _____

Phone/Fax# _____

MOC Inc. does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity (or any other class protected by state or local class) in the access or admission to its housing programs.

