

The Housing Authority of the City of Lanett, Alabama

506 1st Street

Lanett, AL 36863

(334) 644-5330

Emergency Transfer Request Form

Violence Against Women Act (VAWA)

Attachment 3

Date of Request:
Resident Name:
Resident Address:
Unit #:

An emergency transfer must be based on one of the two reasons below. Please indicate the reason for your request by checking the appropriate box and providing details to support the request.

OPTION 1

I reasonably believe there is an imminent threat of harm from further violence if I were to remain in the same dwelling unit listed above.

Please provide a summary of why you reasonably believe there is a threat of imminent harm from further violence if you remain in the same dwelling unit listed above below:

OPTION 2

I was sexually assaulted, and the sexual assault occurred on the premises during the 90 days preceding this request for an emergency transfer.

Please provide a summary that you were sexually assaulted, and the sexual assault occurred on the premises during the 90 days preceding this request for an emergency transfer below:

Certification

I hereby confirm that the information provided above is accurate and that there is no misrepresentation of the facts. I acknowledge that providing false information may terminate my eligibility for housing assistance from the Lanett Housing Authority.

Signature:	Date:
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