

Fleeing Violence Statement

I, _____ do hereby verify as follows:
(Domestic Abuse Advocate/ Sexual Assault Counselor)

I have a reasonable basis to believe _____
(Victim/ Victims)

is homeless. They are an individual or family who: Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing.

Signature of Domestic Abuse Advocate/
Sexual Assault Counselor

Date

Name of Domestic Abuse Advocate/
Sexual Assault Counselor