



## Clark County Community Housing Office

500 S. Grand Central Parkway, 6<sup>th</sup> Floor  
Email: CHF@clarkcountynv.gov  
[ClarkCountyNV.gov](http://ClarkCountyNV.gov)

### **Violence Against Women Act Emergency Transfer Plan**

#### Introduction

The Clark County Community Housing Office (Clark County) has developed this Emergency Transfer Plan for units funded under the HOME Investment Partnerships (HOME) or Clark County Community Housing Fund (CHF) programs through Clark County pursuant to requirements of the Violence Against Women Act (“VAWA”). The purpose of this Emergency Transfer Plan is to assist tenants of HOME/CHF-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. The ability to request a transfer is available regardless of sex, gender identity or sexual orientation.

Clark County will help 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. Clark County also incorporates VAWA requirements into contracts with Owners of HOME/CHF-assisted projects (Owners) as an additional measure to ensure that Owners fully understand their obligations under VAWA. The ability of Clark County 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 whether Clark County is able to help the tenant identify a housing provider that has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies 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 CHF programs with VAWA.

#### Eligibility for Emergency Transfers

A tenant may seek an emergency transfer to another unit if they or their household member is a victim of VAWA violence/abuse, as outlined in Form HUD-5380, Notice of Occupancy Rights Under the Violence Against Women Act<sup>1</sup>. A tenant is eligible for emergency transfer if:

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<sup>1</sup> Form HUD-5380, Notice of Occupancy Rights Under the Violence Against Women Act, and other VAWA forms can be found here: <https://www.hud.gov/vawa>

1. The tenant or their household member is a victim of VAWA violence/abuse;
2. The tenant expressly requests the emergency transfer; AND
3. Either
  - a. The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit.
  - b. 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.

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/CHF, 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 Clark County, the tenant shall submit a written request for a transfer to the Owner/Property Manager. The Owner/Property Manager will forward the request to Clark County Community Housing Office at 500 S. Grand Central Parkway, Las Vegas, NV 89115, [CCHOME@ClarkCountyNV.gov](mailto:CCHOME@ClarkCountyNV.gov), or [CHF@ClarkCountyNV.gov](mailto:CHF@ClarkCountyNV.gov). This request can be made using Form HUD-5383, Emergency Transfer Request Form, which can be found at the end of this document. Reasonable accommodations to this policy will be provided for individuals with disabilities.

Alternatively, if the tenant is unable to access Form HUD-5383, a written request can be submitted. The written request for an emergency transfer should include either:

1. A statement expressing that the resident reasonably believes there is a threat of imminent harm from further violence if the resident remains within their same dwelling unit that the resident is currently occupying; or
2. A statement that the resident was the victim of sexual assault and the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

Residents do not need to use the exact language used in the statement requirements listed above, but rather, residents need only provide sufficient information for staff to conclude that the individual is requesting a transfer due to a VAWA-related reason and that they meet the aforementioned requirements.

The following documents may be submitted as an alternative to the written request options outlined above:

1. Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation, Form HUD-5382, which can be found at the end of this document; or
2. A document:
  - a. Signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse;
  - b. Signed by the applicant or tenant; and
  - c. That specifies, under penalty of perjury, that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under this subpart, and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking under 24 CFR § 5.2003; or
3. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
4. At the discretion of a covered housing provider, a statement or other evidence provided by the applicant or tenant.

If the resident makes an emergency transfer request and Clark County determines that the documentation is not acceptable to confirm the occurrence of domestic violence, dating violence, sexual assault, or stalking, the Owner/Property Manager will send a written request for acceptable documentation. The resident will have 14 business days from the date of receipt to submit the requested documentation. The documentation must include at least one of the documents listed above.

If Clark County receives documentation under this section that contains conflicting information (including certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator), Clark County may require a resident to submit third-party documentation, as described in (2), (3), and (4) above, within 30 calendar days of the date of the request for the third-party documentation. If the resident does not provide one of the forms of documentation listed above within 14 business days after the date that the resident receives a request in writing for such documentation and any extension thereto or within 30 calendar days after the resident receives a request in writing for such third-party documentation in the event of conflicting information and any extension thereto, the resident may not receive the requested VAWA protections/remedies. However, a failure to provide the requested documentation does not preclude the resident from renewing their request for an emergency transfer.

#### Confidentiality

Clark County and the Owner/Property Manager will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives 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 may be obtained 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 Form HUD-5380, Notice of Occupancy Rights under the Violence Against Women Act, <https://www.hud.gov/vawa>, for more information about the responsibility of Clark County and the Owners of HOME/CHF 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

Clark County cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request.

Since Clark County 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 Clark County will consist of a determination that the tenant qualifies for an emergency transfer. Clark County 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. Allows for an internal emergency transfer to another available and safe unit in the Project by any tenant or other lawful resident of a unit in the Project who is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. In such cases, the transferring tenant(s) may transfer to the new unit without having to undergo an application process and will, in all other respects, be treated as an in-place tenant.
2. In cases where an immediately available and safe unit is not available for internal transfer, requires the Owner to notify the County of the tenant's request for an external emergency transfer, to cooperate and assist in providing information to the tenant about other units potentially available in the portfolio of affordable housing units in Southern Nevada, which can be found here <https://nvhousingsearch.org/>, and waive any early termination or other similar fee for tenants requiring an emergency transfer that results in the breaking of the lease.

If a resident reasonably believes a proposed transfer would not be safe, the resident may request a transfer to a different unit. A resident does not waive their right to an emergency transfer if they decline an offered unit because they do not believe that it is safe or for any disability-related reason, or for other good cause. Good cause may include, but is not limited to, financial hardship, hardship related to obtaining transportation to work, school, medical appointments, and/or childcare; disruptions to a child's education, and any reason that may be a result of the resident or program participant's status as a survivor of domestic violence, dating violence, sexual assault, or stalking. Clark County and the Owner/Property Manager will continue to fulfill its obligations to locate a safe unit for the resident pursuant to this Emergency Transfer Plan in such circumstances. However, if a resident declines a unit for a reason other

than safety, disability, or good cause, Clark County and the Owners/ Property Managers are not required to continue offering that resident additional units for that request. The resident may renew their request for an emergency transfer at any time, and there is no limitation on how many times a resident may request a VAWA emergency transfer, nor how many units a tenant may decline due to safety or disability related reasons or good cause. At the tenant's request, Clark County and/or the Owner/ Property Manager 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.

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 a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who 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://victimsofcrime.org/>.

More information about VAWA requirements can be found here: <https://www.hud.gov/vawa>

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286

Exp. 06/30/2017

**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.

**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): \_\_\_\_\_

In your own words, briefly describe the incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

## **EMERGENCY TRANSFER REQUEST FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of housing assisted under a covered housing program, or if you are receiving transitional housing or rental assistance under a covered housing program, you may use this form to request an emergency transfer and certify that you qualify for an emergency transfer under the Violence Against Women Act (“VAWA”). This form refers to domestic violence, dating violence, sexual assault, or stalking as “VAWA violence/abuse.”

**VAWA protects individuals and families regardless of a victim’s age or actual or perceived sexual orientation, gender identity, sex, or marital status.**

**You may request an emergency transfer when:**

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **or**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

A covered housing provider, in response to an emergency transfer request, should not evaluate whether you are in good standing as part of the assessment or provision of an emergency transfer. Whether or not you are in good standing does not impact your ability to request an emergency transfer under VAWA.

However, submitting this form does not necessarily mean that you will receive an emergency transfer. See your covered housing provider’s VAWA Emergency Transfer Plan for more information about VAWA emergency transfers and see “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380, for additional housing rights you may be entitled to.

**Am I required to submit any documentation to my covered housing provider?** Your covered housing provider may request documentation proving that you, or a household member, are a victim of VAWA violence/abuse, in addition to completing this emergency transfer request form. The request can be met by completing and submitting the VAWA Self-certification Form (Form HUD-5382), unless the covered housing provider receives conflicting information about the VAWA violence/abuse. If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you may, instead, choose to submit that documentation to your covered housing provider. See “Notice of Occupancy Rights Under the Violence Against Women Act,” Form HUD-5380, for more information.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I need this information in a language other than English?** You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact

**TO BE COMPLETED BY OR ON BEHALF OF THE TENANT REQUESTING AN EMERGENCY TRANSFER**

1. **Name(s) of victim(s):** \_\_\_\_\_
2. **Your name (if different from victim's):** \_\_\_\_\_
3. **Name(s) of other household member(s):** \_\_\_\_\_  
\_\_\_\_\_
4. **Name(s) of other household member(s) who would transfer with the victim:** \_\_\_\_\_  
\_\_\_\_\_
5. **Name of the perpetrator (if known and can be safely disclosed):** \_\_\_\_\_
6. **Address of location from which the victim seeks to transfer:** \_\_\_\_\_  
\_\_\_\_\_
7. **Current Unit Size (# of bedrooms):** \_\_\_\_\_
8. **What is the safest and most secure way to contact you? (You may choose more than one.)**  
If any contact information changes or is no longer a safe contact method, notify your covered housing provider.  
 Phone Phone Number: \_\_\_\_\_  
Safe to receive a voicemail:  Yes  No
- E-mail E-mail Address: \_\_\_\_\_  
Safe to receive an email:  Yes  No
- Mail Mailing Address: \_\_\_\_\_  
Safe to receive mail from your housing provider:  Yes  No
- Other Please List: \_\_\_\_\_

9. Anything else your housing provider should know to safely communicate with you?

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10. **What features are requested for a safe unit?** You may list here any information that would facilitate a suitable transfer, such as accessibility needs, and a description of where it is safe or unsafe for you to live.

*(Please note that the ability to provide an emergency transfer is based on unit availability.)*

New Neighborhood       New Building  
 First Floor unit       Second Floor unit (and above)  
 Near an Exit       Well-lit hallways/walkways  
 24-hour Security       Accessible unit  
 Other: \_\_\_\_\_

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11. To approve your request for an emergency transfer, your covered housing provider may require that you provide written documentation that you (or a household member) are a victim of VAWA violence/abuse. Your covered housing provider must make this request for documentation in writing. You can choose to submit any one of the following types of documentation:

- a. Form HUD-5382 *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation*, which asks your name and the perpetrator's name (if known and safe to provide);
- b. A document signed by a victim service provider, attorney, mental health professional, or medical professional who has helped you address the VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believe in the occurrence of the incident of VAWA violence/abuse and that it is covered by VAWA. Both you and the professional must sign the statement;
- c. A police, administrative, or court record (such as a protective order) that shows you (or a household member) are a victim of VAWA violence/abuse; OR
- d. If permitted by your covered housing provider, a statement or other evidence provided by you.

**Certification of Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that I meet the conditions described on this form to qualify for an emergency transfer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Public reporting burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Covered housing providers in programs covered by VAWA may ask for a written request for an emergency transfer for a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking. Housing providers may distribute this form to tenants and tenants may use it to request an emergency transfer. The information is subject to the confidentiality requirements of VAWA. A Federal 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.

Form HUD-5383