



**HOUSING AND REDEVELOPMENT AUTHORITY
OF DULUTH, MINNESOTA**
222 East Second Street | PO Box 16900
Duluth, MN 55816-0900
(218) 529-6300
www.duluthhousing.com

VAWA Victim Statement – 24 C.F.R. § 5.2007 (b)(1)(iv)

You may use this form to share information you want the Housing and Redevelopment Authority of Duluth, Minnesota, to consider regarding your request for VAWA. This victim statement is optional. Completion is not required, and declining to fill out this form will not affect your rights. You may instead use any alternative documentation option permitted by law to request VAWA protections. Information provided on this form will be kept confidential as allowed by law.

Name of victim: _____

Relationship of the accused perpetrator to the victim: _____

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

Location of incident(s): _____

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

By signing below, I acknowledge that this victim statement is voluntary and is only one of several documentation options permitted to seek VAWA protections. I chose to submit it to support my request for protections under VAWA. I certify that the information provided is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

Signature

Date

BECAUSE EVERYONE SHOULD HAVE A HOME

