CERTIFICATION OF EMERGENCY PREFERENCE
ACTUAL OR THREATENED PHYSICAL VIOLENCE

I, ____________________________________________, have been informed by the City of Des Moines Municipal Housing Agency of the availability of Preferences. I have completed an application for assisted housing and am applying for the emergency preference for the following reason:

☐ Actual or threatened physical violence directed against myself or one or more members of my family by a spouse or other member of my household; or, I live in a housing unit with such an individual who engages in such violence. These actions must have occurred within the last 60 days or are of a continuing nature.

I am also aware that the individual who engaged in the violent activity will not reside with me unless I receive advance written approval from the City of Des Moines Municipal Housing Agency.

_________________________                  ________________
Signature of Applicant         Date

☐ I have attached copies of Police Reports and/or Restraining Orders verifying that such violence has occurred within the last 60 days. (You must attach this type of verification or DMMHA cannot process your preference.)

In order for the City of Des Moines Municipal Housing Agency to verify the emergency preference for actual or threatened physical violence, this form must be completed by a Physician or public/private facility that provides counseling on domestic violence.

I, ____________________________________________, certify that such actual or threatened physical violence has occurred in the above listed household in the past 60 days or the acts are of a continuing nature.

__________________________________________                  ________________
Agency Name                   Telephone Number

__________________________________________
Agency Address

__________________________________________                  ________________
Printed Name                   Job Title

__________________________________________                  ________________
Signature                   Date

Approved:____________________ DMMHA Staff Signature:____________________
Denied:____________________ Reason:____________________