

# **South Carolina State Housing Finance and Development Authority**

300-C Outlet Pointe Blvd., Columbia, South Carolina 29210

# Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

#### **Emergency Transfers**

The SC State Housing Authority (the Authority) is concerned about the safety of its participants in the Housing Choice Voucher Program (HCVP), and such concern extends to participants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), the Authority allows participants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the participant's current unit to another unit or request portability. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of the Authority to honor such request for participants currently receiving assistance, however, may depend upon a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

This plan identifies participants 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 participants 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 that the Authority is in compliance with VAWA.

#### **Eligibility for Emergency Transfers**

A participant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the participant reasonably believes that there is a threat of imminent harm from further violence if the participant remains within the same unit. If the participant is a victim of sexual assault, the participant 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.

A participant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Participants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

<sup>&</sup>lt;sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>&</sup>lt;sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the participant must submit a completed Form HUD-5383, Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking to SC State Housing Authority, Attn: Voucher Program, 300-C Outlet Pointe Blvd, Columbia, SC 29210. The form can be obtained at the Authority's office at the above address, the Authority's website at <a href="www.schousing.com/VAWA">www.schousing.com/VAWA</a> or requested by mail. The Authority will provide reasonable accommodations to this policy for individuals with disabilities.

#### **Confidentiality**

The Authority will keep confidential any information that the participant submits in requesting an emergency transfer, and information about the emergency transfer, unless the participant gives the Authority 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 the new location of the dwelling unit of the participant, if one is obtained, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the participant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about the Authority's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

#### **Emergency Transfer Timing and Availability**

The Authority cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The Authority however, will act as quickly as possible to assist a participant who is a victim of domestic violence, dating violence, sexual assault, or stalking in locating another unit and processing the move, or process a request for portability if requested by the participant. The Authority may be unable to transfer a participant to a particular unit if the participant does not qualify for that unit. At the participant's request, the Authority will also assist participants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

#### **Emergency Transfer Policies**

Participants can request to move with continued assistance to any one of the seven counties that the Authority administers the HCVP in (Clarendon, Colleton, Dorchester, Fairfield, Kershaw, Lee and Lexington) or request portability to any PHA that administers the HCVP in accordance with Chapter 10 of the Authority's Administrative Plan.

When the victim and perpetrator are members of the same household, the Authority will ensure the assistance remains with the victim in accordance with the family break-up policy in Chapter 3 of the Authority's Administrative Plan.

Participants that move from the assisted unit without prior notification to the Authority or landlord due to their fear for personal health or safety of the victim must contact the Authority as soon as it is safe to do so. The participant will be required to provide any one of the acceptable forms of certification prior to receiving continued assistance.

#### **Emergency Transfer Procedures**

Upon receiving notification that a participant is a victim of domestic violence, dating violence, sexual assault or stalking, the Authority will immediately provide a copy of the Notice of Occupancy Rights to ensure the victim understands their rights and certification requirements. The Authority will inquire as to what the victim or family desires to do, move, port, and/or temporary shelter, and how to safely contact the family. The Authority will take actions based on the family's request.

If the family needs temporary shelter, the Authority will provide the family with the contact information for the domestic violence organization in their respective county and if needed assist them with making contact.

If the family requests an emergency transfer to another unit within the Authority's jurisdiction, the Authority will request the victim complete Form HUD-5283, Emergency Transfer Request. If additional verification is needed, the Authority will request in writing that the family provide either Form HUD-5382 or one of the other documents listed in the Notice of Occupancy Rights provided to the family. Once acceptable verification is obtained, the family will be issued a voucher and a Request for Tenancy Approval form and the Authority will assist the family, if needed, in finding a safe unit. Once a unit is located and the family deems the unit safe, the Authority will expedite processing the move to include determination of affordability, rent reasonableness, inspection and HAP contract execution.

If the emergency transfer request is to exercise portability, the Authority will request the victim complete Form HUD-5383, Emergency Transfer Request and provide the portability location. If additional verification is needed, the Authority will request in writing that the family provide either Form HUD-5382 or one of the other documents listed in the Notice of Occupancy Rights provided to the family. Once acceptable verification is obtained, the family will be issued a voucher and the portability request will be expedited in accordance with Chapter 10 of the Authority's Administrative Plan.

If the family has moved from the assisted unit due to their fear for personal health or safety without prior notification to the Authority or landlord, the Authority will request the victim complete Form HUD-5382 or provide one of the other documents listed in the Notice of Occupancy Rights provided to the family. Once acceptable verification is received, the Authority will process the family's request to either move to another unit with the Authority's jurisdiction of exercise portability as stated above.

If the perpetrator is a member of the assisted household, the Authority will ensure the victim and any remaining household members retain the assistance in accordance with the Family Break-up policy in Chapter 3 or in the absence of another adult, the policy on Caretakers for a Child in Chapter 3 of the Authority's Administrative Plan. In the event the perpetrator is the head of household, after receiving acceptable verification as stated above, the Authority will issue a voucher to the remaining adult member and assist with an emergency transfer or portability as stated above. Once it is safe to do so the Authority will proceed with termination of the assistance to the perpetrator in accordance with Chapter 12 of the Authority's Administrative Plan.

#### Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, the participant is urged to take all reasonable precautions to be safe.

Participants who are or have been victims of domestic violence are encouraged to contact one or more of the following agencies or a local domestic violence shelter, for assistance in creating a safety plan:

The South Carolina Victims Assistance Network at 803-750-1200 or www.scvan.org or,

The South Carolina Coalition Against Domestic Violence and Sexual Assault at 803-256-2900 or www.scadvasa.org or,

The National Domestic Violence Hotline at 1-800-799-7233. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Participants 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/.

Participants 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://www.victimsofcrime.org/our-programs/stalking-resource-center.

**Attachments:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking

Form HUD 5383 – Emergency Transfer Request for Certain Victims of Domestic Violence, Sexual Assault, or Stalking

**Attachment: Domestic Violence Organizations** 

South Carolina	Barnwell County
SCCADVASA	Cumbee Center to Assist Abused Persons
P.O. Box 7776	P.O. Box 1293
Columbia, SC 29202	Aiken, SC 29802
Hotline 800-260-9293	Hotline 803-649-0408
Phone 803-256-2900	Phone 803-641-4162
Abbeville County	Beaufort County
Laurens County Safe Home	Citizens Opposed to Domestic Abuse
P.O. Box 744	P.O. Box 1775
Clinton, SC 29325	Beaufort, SC 29901-1775
Hotline 866-598-5932	Hotline 800-868-2632
Phone 864-682-7270	Phone 843-770-1070
Aiken County	Beaufort County
Cumbee Center to Assist Abused Persons	Hope Haven of the Lowcountry
P.O. Box 1293	P.O. Box 2502
Aiken, SC 29802	Beaufort, SC 29901
Hotline 803-649-0408	Hotline 800-637-7273
Phone 803-641-4162	Phone 843-524-2256
Allendale County	Berkeley County
Cumbee Center to Assist Abused Persons	My Sister's House
P.O. Box 1293	P.O. Box 71171
Aiken, SC 29802	North Charleston, SC 29415
Hotline 803-649-0408	Hotline (county) 800-273-4673
Phone 803-641-4162	Phone 843-747-4069
Anderson County	Calhoun County
Safe Harbor	CASA/Family Systems
P.O. Box 174	P.O. Box 1568
Greenville, SC 29602	Orangeburg, SC 29116
Hotline 800-291-2139	Hotline 800-298-7228
Phone 864-467-1177	Phone 803-534-2448
Bamberg County	Charleston County
CASA/Family Systems	My Sister's House
P.O. Box 1568	P.O. Box 71171
Orangeburg, SC 29116	North Charleston, SC 29415
Hotline 800-298-7228	Hotline (county) 800-273-4673
Phone 803-534-2448	Phone 843-747-4069
Barnwell County	Cherokee County
Barnwell County Help Line	SAFE Homes, Rape Crisis Coalition
1644 Jackson Street	236 Union Street
Barnwell, SC 29812	Spartanburg, SC 29302
Help Line/Hotline 803-259-3333	Hotline 800-273-5066
Phone 803-541-1245	Phone 864-583-9803

Chester County	Dorchester County
Safe Passage, Inc.	My Sister's House
P.O. Box 11458	P.O. Box 71171
Rock Hill, SC 29731	North Charleston, SC 29415
Hotline 800-659-0977	Hotline 800-273-4673
Phone 803-329-3336	Phone 843-747-4069
Chesterfield County	Edgefield County
Pee Dee Coalition	MEG's House
P.O. Box 1351	P.O. Box 3410
Florence, SC 29503	Greenwood, SC 29649
Hotline 800-273-1820	Hotline 800-447-7992
Phone 843-623-7364	Phone 864-227-1421
Clarendon County	Fairfield County
YWCA of the Upper Lowlands, Inc.	Sistercare, Inc.
246 Church Street	P.O. Box 1029
Sumter, SC 29150	Columbia, SC 29202
Hotline 803-775-2763	Hotline 803-765-9428
Phone 803-773-7158	Phone 803-926-0505
Colleton County	Florence County
Citizens Opposed to Domestic Abuse	Pee Dee Coalition
P.O. Box 1775	P.O. Box 1351
Beaufort, SC 29901-1775	Florence, SC 29503
Hotline 800-868-2632	Hotline 800-273-1820
Phone 843-770-1070	Phone 843-669-4694
<b>Colleton County</b>	Georgetown County
Hope Haven of the Lowcountry	Family Justice Center
P.O. Box 2502	P.O. Box 366
Beaufort, SC 29901	Georgetown, SC 29442
Hotline 800-637-7273	Hotline 844-208-0161
Phone 843-524-2256	Phone 843-546-3926
Darlington County	Greenville County
Pee Dee Coalition	Safe Harbor
P.O. Box 1351	P.O. Box 174
Florence, SC 29503	Greenville, SC 29602
Hotline 800-273-1820	Hotline 800-291-2139
Phone 843-383-0240	Phone 864-467-1177
Dillon County	Greenwood County
Pee Dee Coalition	MEG's House
P.O. Box 1351	P.O. Box 3410
Florence, SC 29503	Greenwood, SC 29649
Hotline 800-273-1820	Hotline 800-447-7992
Phone 843-774-0898	Phone 864-227-1421

Hampton County	Laurens County
Citizens Opposed to Domestic Abuse	Laurens County Safe Home
P.O. Box 1775	Post Office Box 744
Beaufort, SC 29901-1775	Clinton, SC 29325
Hotline 800-868-2632	Hotline 866-598-5932
Phone 843-770-1074	Phone 864-682-7270
Hampton County	Lee County
Hope Have of the Lowcountry	YWCA of the Upper Lowlands, Inc.
P.O. Box 2502	246 Church Street
Beaufort, SC 29901	Sumter, SC 29150
Hotline 800-637-7273	Hotline 803-775-2763
Phone 843-524-2256	Phone 803-773-7158
Horry County	Lexington County
Family Justice Center	Sistercare, Inc.
P.O. Box 366	P.O. Box 1029
Georgetown, SC 29442	Columbia, SC 29202
Hotline 844-208-0161	Hotline 803-765-9428
Phone 843-546-3926	Phone 803-926-0505
Jasper County	Marion County
Citizens Opposed to Domestic Abuse	Pee Dee Coalition
P.O. Box 1775	P.O. Box 1351
Beaufort, SC 29901	Florence, SC 29503
Hotline: 800-868-2632	Hotline 800-273-1820
Phone 843-770-1070	Phone 843-423-6568
Jasper County	Marlboro County
Hope Haven of the Lowcountry	Pee Dee Coalition
P.O. Box 2502	P.O. Box 1351
Beaufort, SC 29901	Florence, SC 29503
Hotline 800-637-7273	Hotline 800-273-1820
Phone 843-524-2256	Phone 843-479-0882
Kershaw County	McCormick County
Sistercare, Inc.	MEG's House
P.O. Box 1029	P.O. Box 3410
Columbia, SC 29202	Greenwood, SC 29649
Hotline 803-765-9428	Hotline 800-447-7992
Phone 803-926-0505	Phone 864-227-1421
Lancaster County	Newberry County
Safe Passage, Inc.	Sistercare, Inc.
P.O. Box 11458	P.O. Box 1029
Rock Hill, SC 29731	Columbia, SC 29202
Hotline 800-659-0977	Hotline 803-765-9428
Phone 803-285-6533	Phone 803-926-0505

Oconee County	Spartanburg County
Safe Harbor	SAFE Homes, Rape Crisis Coalition
P.O. Box 174	236 Union Street
Greenville, SC 29602	Spartanburg, SC 29302
Hotline 800-291-2139	Hotline 800-273-5066
Phone 864-467-1177	Phone 864-583-9803
Orangeburg County	Sumter County
CASA/Family Systems	YWCA of the Upper Lowlands, Inc.
P.O. Box 1568	246 Church Street
Orangeburg, SC 29116	Sumter, SC 29150
Hotline 800-298-7228	Hotline 803-775-2763
Phone 803-534-2448	Phone 803-773-7158
Pickens County	Union County
Safe Harbor	SAFE Homes, Rape Crisis Coalition
P.O. Box 174	236 Union Street
Greenville, SC 29602	Spartanburg, SC 29302
Hotline 800-291-2139	Hotline 800-273-5066
Phone 864-467-1177	Phone 864-583-9803
and	
Mary's House	
P.O. Box 132	
Pickens, SC 29671	
Hotline: 864-859-9191	
Phone: 864-855-8041	
Richland County	Williamsburg County
Sistercare, Inc.	Pee Dee Coalition
P.O. Box 1029	P.O. Box 1351
Columbia, SC 29202	Florence, SC 29503
Hotline: 803-765-9428	Hotline 800-273-1820
Phone 803-926-0505	Phone 843-354-6481
Saluda County	York County
Laurens County Safe Home	Safe Passage, Inc.
P.O. Box 744	P.O. Box 11458
Clinton, SC 29325	Rock Hill, SC 29731
Hotline 866-598-5932	Hotline 800-659-0977
Phone 864-682-7270	Phone 803-329-3336

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

# U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286 Exp. 06/30/2017

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

#### The requirements you must meet are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
- (2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

#### OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an

emergency transfer to you. 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 PERSON REQUESTING A TRANSFER

1. Name of victim requesting a	nn emergency transfer:
2. Your name (if different from	m victim's)
3. Name(s) of other family men	mber(s) listed on the lease:
4. Name(s) of other family men	mber(s) who would transfer with the victim:
5. Address of location from wh	nich the victim seeks to transfer:
6. Address or phone number f	or contacting the victim:
7. Name of the accused perpet	rator (if known and can be safely disclosed):
8. Relationship of the accused	perpetrator to the victim:
	n(s) of incident(s):
10. Is the person requesting th	ne transfer a victim of a sexual assault that occurred in the past 90 days on om which the victim is seeking a transfer? If yes, skip question 11. If no, fill
11. Describe why the victim they remain in their current un	believes they are threatened with imminent harm from further violence if nit.
12. If voluntarily provided, lis	st any third-party documentation you are providing along with this notice:
that the individual named above	ation provided on this form is true and correct to the best of my knowledge, and in Item 1 meets the requirement laid out on this form for an emergency transfer. of false information could jeopardize program eligibility and could be the basis ion of assistance, or eviction.
Signature	Signed on (Date)