PUBLIC HOUSING INITIAL APPLICATION

Who is the Head of Household? (Use Legal Name)

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>MI</th>
<th>Sex M/F</th>
<th>Social Security #</th>
<th>INS#</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Place of Birth</th>
<th>Source of Income</th>
<th>Monthly Income</th>
</tr>
</thead>
</table>

Race: (Check all that apply. Not required-HUD use only)  □ White  □ Black/African American  □ American Indian/Alaska Native  □ Asian  □ Native Hawaiian/Pacific Islander

Ethnicity: (Check one)  □ Hispanic or Latino  □ Non-Hispanic or Latino  Nationality: ____________________________________________

What is your current home and mailing address?

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Telephone #</td>
<td>Home</td>
<td>Cell</td>
<td>E-mail:</td>
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</table>

What other adults will be living with you?

<table>
<thead>
<tr>
<th>Legal Name (with MI)</th>
<th>Sex M/F</th>
<th>Relationship to Head</th>
<th>Immigration-INS#</th>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Place of Birth</th>
<th>Monthly Income</th>
<th>Name of School/Employer</th>
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What minors will be living with you?

<table>
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<tr>
<th>Legal Name (with MI)</th>
<th>Sex M/F</th>
<th>Relationship to Head</th>
<th>Immigration-INS#</th>
<th>Social Security #</th>
<th>Date of Birth</th>
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<th>Place of Birth</th>
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</tbody>
</table>

Please turn over and complete the other side.  If you have more family members please request a large family form.
PUBLIC HOUSING INITIAL APPLICATION (continued)

PLEASE NOTE: Applicants who reach the top of the waiting list will be contacted by the Housing Authority to verify their preference.

Do you or your spouse/co-head qualify for any of the following preferences? Please check (✓) those applicable to you:

☐ 62 years of age or older
☐ Disabled Head of Household, Co-head or Spouse
☐ 50 to 61 years of age
☐ Served or currently serve in the active U.S. military, naval or air service and who were discharged or released from such service under conditions other than dishonorable
☐ Homeless and can be verified by a local shelter or service provider.
☐ My primary source of income is from employment and work at least ten (10) hours per week
☐ I currently live, work, or will be working in PHA’s area of operation (Portland, South Portland, Westbrook, Cape Elizabeth, Cumberland, Falmouth, Freeport, Gorham, Gray, North Yarmouth, Old Orchard Beach, Scarborough, Windham, and Yarmouth)
☐ Terminated from PHA’s Housing Choice Voucher program due to insufficient funding

Additional Questions:

Have you ever participated in a HUD-assisted program? ☐ Yes ☐ No If so, where? __________________________ Did you leave owing money? ☐ Yes ☐ No How much? ____________

Have you ever participated in a Public Housing or Section 8 Earned Income Disallowance Program? ☐ Yes ☐ No

Have you or anyone in your household been evicted from Public or Assisted Housing within the past (3) three years? ☐ Yes ☐ No

Have you or anyone in your household been arrested for any violent or drug related activity within the past (3) three years? ☐ Yes ☐ No

Reasonable Accommodation:

Do you, or anyone in your family, require any modifications or accommodations to fully utilize our forms, programs or services? ☐ Yes ☐ No Please check here and additional forms will be sent to you for completion.

Language Services:

☐ If you require an interpreter, please check here. What language? __________________________

NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list and you will have to re-apply.

Please sign below before turning in your application.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

________________________________________
Signature

Portland Housing Authority
14 Baxter Blvd.
Portland, ME 04101
Phone: (207) 773-4753 • TDD: (207) 447-2570 • Fax (207) 879-4231

PH Application – Revised May 2015
# Portland Housing Authority

## Please Select All PHA Properties You Wish to Apply For

<table>
<thead>
<tr>
<th>Property</th>
<th>Description</th>
<th>Amenities</th>
<th>Do You Wish to Apply?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Franklin Towers</strong></td>
<td>200 Units – Studio, 1 &amp; 2-BR Units - Located at 211 Cumberland Ave – 16-story Elevator Building</td>
<td>Laundry Facility, Convenience Store, Health Center, Bus Stop outside building, Caseworker on-site, Large Community Room</td>
<td>No</td>
</tr>
<tr>
<td><strong>Harbor Terrace</strong></td>
<td>120 Units – Studio, 1 &amp; 2-BR Units - Located at 284 Danforth St – 8-story Elevator Building</td>
<td>Laundry Facility, Bus Stop outside building, Grill/Patio Area, Community Garden, Caseworker on-site, Large Community Room</td>
<td>No</td>
</tr>
<tr>
<td><strong>Washington Gardens</strong></td>
<td>100 Units – Studio, 1 &amp; 2-BR Units – Located at 577 Washington Ave – 2-story Shared Entrance Buildings</td>
<td>Laundry Facility, Bus Stop across the street, Grill/Patio Area, Caseworker on-site, Large Community Room</td>
<td>No</td>
</tr>
<tr>
<td><strong>Sagamore Village</strong></td>
<td>200 Units – 1, 2, 3 &amp; 4-BR Units – Located at 21 Popham St – Mostly Duplex Style</td>
<td>Health Center, near Rowe Elementary School, Basketball Court, Large Playground, Community Garden, Boys &amp; Girls Club, Study Center, Weekly Food Pantry, Off-street Parking, W/D hookups in most units</td>
<td>No</td>
</tr>
<tr>
<td><strong>Riverton Park</strong></td>
<td>144 Units – 2, 3, 4, 5 &amp; 6-BR Units – Located at 2 Riverton Dr – Townhouse Style</td>
<td>Health Center, Adult ELL Classes, near Riverton Elementary School, Basketball Court, 2 Playgrounds, Boys &amp; Girls Club, Community Garden, Study Center, Community Policing Office, On-Site Head Start Program, W/D hookups in units but also has Laundry Facility, 1 Parking spot available per family</td>
<td>No</td>
</tr>
</tbody>
</table>

For more information on PHA properties, please visit our website at [www.porthouse.org/facilities](http://www.porthouse.org/facilities)

Please turn over for more selections.
<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>DESCRIPTION</th>
<th>AMENITIES</th>
<th>DO YOU WISH TO APPLY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRONT STREET</td>
<td>50 UNITS – 3, 4, &amp; 5-BR UNITS – LOCATED AT 34 W PRESUMPSOT ST – TOWNHOUSE STYLE – IN PLANNING STAGES OF REDEVELOPING PROPERTY INTO 100+ UNITS</td>
<td>Near Presumpscot Elementary School, Study Center, 2 Playgrounds, W/D hookups in units, 1 Parking spot available per family, located adjacent to Payson Park</td>
<td>0</td>
</tr>
<tr>
<td>KENNEDY PARK</td>
<td>46 UNITS - 3, 4, 5 &amp; 6-BR UNITS - LOCATED NEAR 81 EAST OXFORD ST – TOWNHOUSE STYLE</td>
<td>Near Fox Field, Playground &amp; Basketball Courts, Study Center, Community Policing Office, On-Site Head Start Program, W/D hookups, 1 Parking spot per family, Located near many stores, businesses and amusements</td>
<td>0</td>
</tr>
<tr>
<td>BAYSIDE TERRACE</td>
<td>24 UNITS – 2 &amp; 3-BR UNITS - LOCATED NEAR 81 EAST OXFORD ST – TOWNHOUSE STYLE</td>
<td>Near Fox Field, Playground &amp; Basketball Courts, Study Center, Community Policing Office, On-Site Head Start Program, W/D hookups, 1 Parking spot per family, Located near many stores, businesses and amusements</td>
<td>0</td>
</tr>
<tr>
<td>BAYSIDE EAST</td>
<td>98 UNITS – 2, 3, &amp; 4-BR UNITS - LOCATED NEAR 81 EAST OXFORD ST – TOWNHOUSE &amp; SHARED ENTRANCE STYLE BUILDINGS</td>
<td>Near Fox Field, Playground &amp; Basketball Courts, Study Center, Community Policing Office, On-Site Head Start Program, W/D hookups, 1 Parking spot per family, Located near many stores, businesses and amusements</td>
<td>0</td>
</tr>
<tr>
<td>155 ANDERSON ST</td>
<td>6 UNITS – 2 &amp; 3-BR UNITS – LOCATED IN THE BAYSIDE AREA – 3-STORY SHARED ENTRANCE</td>
<td>Near Fox Field, Playground &amp; Basketball Courts, Study Center, W/D hookups, Off-street parking, Located near many stores, businesses and amusements</td>
<td>0</td>
</tr>
<tr>
<td>DERMOT COURT</td>
<td>4 UNITS – 3 &amp; 4-BR UNITS – TOWNHOUSE STYLE</td>
<td>Located in the West End near Reiche School, W/D hookups, Off-street parking</td>
<td>0</td>
</tr>
<tr>
<td>43 HAMMOND ST</td>
<td>4 UNITS – 2 &amp; 3-BR UNITS – LOCATED IN THE EAST END - 2-STORY SHARED ENTRANCE</td>
<td>Study Center, W/D hookups, Off-street parking, Located near many stores, businesses and amusements</td>
<td>0</td>
</tr>
<tr>
<td>81-87 SALEM ST</td>
<td>3 UNITS – 3-BR UNITS – 3-STORY SHARED ENTRANCE</td>
<td>Located in the West End, Off-street parking</td>
<td>0</td>
</tr>
</tbody>
</table>

FOR MORE INFORMATION ON PHA PROPERTIES, PLEASE VISIT OUR WEBSITE AT www.porthouse.org/facilities

PLEASE TURN OVER FOR MORE SELECTIONS
Supplemental and Optional Contact Information for HUD-Assisted Housing Applicant

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you do not want to provide the contact information, enter your name & address, and sign & date the form below.

| Applicant Name: |
| Mailing Address: |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: |
| Address: |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): |

Relationship to Applicant:

Reason for Contact: (Check all that apply)
☐ Emergency
☐ Unable to contact you
☐ Termination of rental assistance
☐ Eviction from Unit
☐ Late payment of rent
☐ Assist in Recertification Process
☐ Change in Lease Terms
☐ Change in house rules
☐ Other: ____________________________

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant’s application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

| Signature of Applicant | Date |

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The average burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13644) imposed on HUD the obligation to require housing providers participating in HUD’s assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and abuse. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.
Portland Housing Authority

Notice To Applicants and Residents of Public Housing With Disabilities Regarding Reasonable Accommodations

The Portland Housing Authority (PHA) is a public agency that provides low rent housing to eligible families, elderly/handicapped/disabled households and individuals. The PHA does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference. Under applicable law, the PHA provides "reasonable accommodation" to applicants and residents if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is a modification or change the PHA can make to its apartments or procedures that will assist in an otherwise eligible applicant or resident with a disability/handicap to take advantage of PHA's programs, provided that the change does not pose an undue financial and administrative burden to the PHA, or require a fundamental change in its program.

Examples of reasonable accommodation may include the PHA:

- Providing equipment or an apartment to meet the physical accessibility needs of the applicant or resident, such as a wheelchair ramp or a flashing light smoke detectors for a household with a hearing-impaired member;
- Providing a sign language interpreter to assist hearing-impaired applicants and residents during interviews for applications and re-certifications, or permitting an outside agency to assist;
- Permitting a disabled resident to have a live-in aid to assist with daily activities;

An applicant or resident household that has a member with a disability or handicap must still be able to meet the essential obligations of tenancy as stated in the PHA Dwelling Lease—they must be able to pay rent, to care for their apartment, to report required information to the housing authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it in writing at any time in the applicant process or after admission. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

You can request the forms for a reasonable accommodation at the Portland Housing Authority, located at 14 Baxter Boulevard, Portland, Maine, 04101. If you have any questions or problems requesting a reasonable accommodation, or need assistance submitting the proper forms, applicants should contact an Intake Officer at the PHA at 207-773-4753, current residents should contact the Housing Officer in administrative offices at their development.
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.
A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence Against Women Act, or VAWA. This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, sexual assault, or stalking.

If you are the victim of domestic violence, dating violence, sexual assault, or stalking, the housing authority can still evict you if the housing authority can show there is an actual and imminent threat to other tenants or housing authority staff. If you are not evicted, the housing authority can still evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, sexual assault, or stalking that are caused by a member of your household or a guest.
Proving That You Are a Victim of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

The housing authority can ask you to prove or “certify” that you are a victim of domestic violence, dating violence, sexual assault, or stalking. It must give you at least 14 business days (i.e., Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser’s relationship to you, the date, time, and location of the incident of violence, and a description of the violence. You are only required to provide the name of the abuser if it is safe to provide and you know their name.

- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing “under penalty of perjury.”

- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the housing authority may evict you.

Confidentiality

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.

- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.

- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

VAWA and Other Laws

VAWA does not limit the housing authority’s duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact [Trevor Nugent, PH Director] at 207 773-4753 ext 8225.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).
Definitions

For purposes of determining whether a public housing applicant or tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines *domestic violence* to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabited with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction

VAWA defines *dating violence* as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines *sexual assault* as “any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent” (42 U.S.C. 13925(a)).

VAWA defines *stalking* as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.