

This letter serves to certify that \_\_\_\_\_ (Name of Applicant for Service) is a victim of domestic violence, stalking, or harassment. The requirement of an initial deposit shall be waived for the above-named customer. (Only one Certifying Agency is required.)

By my signature, I certify that the following Certifying Agency has determined that, based on the information gathered at the time of intake/assessment/provision of services, the above-named Applicant reported experiences of domestic violence and was assessed to be a victim of domestic violence.

Agency Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By my signature I certify that I have personally responded to or have confirmed via internal records that an officer of the Police Department has responded to an incident occurring within the municipal boundaries of the (municipality) where the above-named Applicant was reported to be a victim of domestic violence.

Department Representative Signature: \_\_\_\_\_

Department Representative Printed Name: \_\_\_\_\_

Badge Number (if applicable) : \_\_\_\_\_

Date: \_\_\_\_\_

This form expires ninety (90) days from the date of the signature of the certifying individual.