

**MANAGEMENT SYSTEMS, INC. - VICTIMS OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING
REQUEST FOR RELOCATION AND EARLY LEASE TERMINATION FORM**

Apartment # _____ Property Name: _____

Address: _____

Resident(s) Name: _____ Date of Request: _____

Alleged Perpetrator's Name (if known): _____

Residence Address: _____

Driver's License #: _____ Date of Birth: _____

Employer's Name and Address: _____

Relation to Resident (if any): _____

Residing in same apartment? Yes ___ No ___ Listed as tenant on lease? Yes ___ No ___

I am requesting (check all that apply):

_____ early lease termination, effective this date _____ (for Section 42 housing, subject to Policy provisions) and terminating the tenancy of myself and (if applicable) _____.

I will surrender possession and return mail box and other keys by the date above. I will be responsible for all my costs and expenses related to the early lease termination and move. This request does not affect my other duties, responsibilities or obligations under my lease.

Please attach a police record, court record (for example, a temporary or final Personal Protection Order), or a statement from a victim services provider, attorney, medical professional, social worker, or member of the clergy (see page 3 for sample form) indicating that you have experienced domestic violence, dating violence, sexual assault, or stalking, or have been threatened with domestic violence, dating violence, sexual assault, or stalking. While the request form will be accepted without any of these documents, Management Systems, Inc. generally will not approve the early lease termination request until one of these documents is provided.

_____ early lease termination and relocation to a different apartment managed by Management Systems, Inc. I will be responsible for all my costs and expenses related to the requested early lease termination, relocation and move.

Please attach a temporary or final Personal Protection Order (PPO). A PPO that grants occupancy of your apartment to the alleged perpetrator will not meet this requirement. While the request form will be accepted without a PPO, Management Systems, Inc. generally will not approve the relocation request until a PPO is provided.

The relocation request will be in effect for 90 days. During these 90 days, Management Systems, Inc. will, upon your request, update you about the status and availability of other rental units on the Management Systems, Inc., property list. You may renew your request to relocate at the end of each 90-day period if you indicate that you continue to face the threat of domestic violence, dating violence, sexual assault, or stalking or actual domestic violence, dating violence, sexual assault, or stalking.

The information contained in this form and attached documents may be used by Management Systems, Inc., to the extent it deems reasonably necessary to protect the resident or others and to comply with applicable law, but Management Systems will not intentionally notify the alleged perpetrator.

Signature of Resident

Date

Received by:

Signature of Resident Manager

Date

TO BE COMPLETED BY A VICTIM SERVICE PROVIDER, ATTORNEY, MEDICAL PROFESSIONAL, SOCIAL WORKER OR MEMBER OF THE CLERGY:

I am a _____ [title] at _____ [name of agency / office / religious order], and am a victim services provider attorney medical professional social worker member of the clergy.

_____ [name of resident] has sought assistance from us in addressing actual or threatened domestic violence, dating violence, sexual assault, stalking, or the effects of abuse. As a result of this abuse, he or she needs to move out of her current home.

Signature: _____

Print Name: _____ Telephone: (____) _____

Address: _____

Date: _____

I have authorized the release of the above information to Management Systems and hereby authorize Management Systems, Inc., to contact the above person to verify the above information.

Tenant Signature: _____ Date: _____

TO BE COMPLETED BY MANAGEMENT SYSTEMS, INC.:

Lease Termination

Date of Lease Termination: _____

Resident(s) Released from Lease: _____

Relocation

Property Name Where Resident Was Relocated: _____

Address Where Resident Was Relocated: _____

Date of Relocation: _____

If request(s) denied:

Date of Denial of Request: _____

Date of Notice of Denial to Resident: _____

Describe in detail the reasons for denial: _____
