



## **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),<sup>1</sup> 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.<sup>2</sup> 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.

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<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>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 [www.schousing.com/VAWA](http://www.schousing.com/VAWA) 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](http://www.scvan.org) or,

The South Carolina Coalition Against Domestic Violence and Sexual Assault at 803-256-2900 or [www.scadvsa.org](http://www.scadvsa.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**

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

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

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

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



**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 an emergency transfer: \_\_\_\_\_

2. Your name (if different from victim's) \_\_\_\_\_

3. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

4. Name(s) of other family member(s) who would transfer with the victim: \_\_\_\_\_  
\_\_\_\_\_

5. Address of location from which the victim seeks to transfer: \_\_\_\_\_

6. Address or phone number for contacting the victim: \_\_\_\_\_

7. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

8. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

9. Date(s), Time(s) and location(s) of incident(s): \_\_\_\_\_  
\_\_\_\_\_

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. \_\_\_\_\_

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If voluntarily provided, list any third-party documentation you are providing along with this notice:  
\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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) \_\_\_\_\_