

**NEW YORK CITY HOUSING AUTHORITY  
APPLICATIONS AND TENANCY ADMINISTRATION DEPARTMENT  
VICTIM OF DOMESTIC VIOLENCE HOSPITAL LETTER**

**Tenant**

or  **Applicant**

**For Emergency Transfer Requests**

**Please Mail To:**

**MANAGEMENT SERVICES  
DEPARTMENT  
Emergency Transfer Program**  
90 Church Street, 9th Floor  
New York, NY 10007

**Applicants requesting an upgrade**

Please upload this document  
to the self-service portal at:

<https://selfserve.nycha.info/eservice-enu/>

**PART A - TO BE COMPLETED BY APPLICANT/TENANT**

I,    was injured by  
*Last Name First Name MI*

*Perpetrator Last Name Perpetrator First Name MI*

my   
*Relationship to Victim*

who lives at   
*Address (if known)*

*City State Zip*

during a domestic violence incident on or about   
*Date of Incident (mmdyyyy)*

I (*Print Name*), \_\_\_\_\_ certify that the above statements are true, accurate, and complete to the best of my knowledge. I understand that providing false representations may subject me to administrative, civil, or criminal penalties.

Applicant/Tenant Signature:

Date:   
*(mmdyyyy)*

Case # (*If known*):

Date of Birth:

Last 4 Digits of Social Security Number:



