



Vermont Office of the Secretary of State
Safe At Home
Address Confidentiality Program Application



PLEASE PRINT. Mail this original Application, signed and dated, AND Checklist to: Safe at Home Coordinator, PO Box 1568, Montpelier, VT 05601

SAH Use Only: Filed: / / ACP#

Circle the name you would like on your mail. If none are circled, mail will be addressed to legal name.

APPLICANT'S LEGAL NAME (First, Middle, Last): _____	DATE OF BIRTH (mm/dd/yyyy)
APPLICANT'S OTHER NAME(S) - (Prior names under which you might receive mail): _____	
NOTE: Co-Applicants over 18 must complete an additional Checklist of Co-Applicant Responsibilities form.	

CO-APPLICANT NAME(S) (First, Middle, Last) (Household Members)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (mm/dd/yyyy)
A.		
B.		
C.		
D.		

APPLICANT MAILING ADDRESS (Address where Safe at Home will send your mail (i.e. PO Box, Residence, Work or School))

Mailing Address _____ Apt# _____
 City/Town _____, VT Zip _____

***RESIDENCE ADDRESS** (Address where Applicant physically lives—cannot be a PO Box) *Required information by law*

Actual Address _____ Apt# _____
 City/Town _____, VT Zip _____

DAY TELEPHONE ()	EVENING TELEPHONE ()	CELL/MESSAGE ()
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- I am a victim of domestic violence, sexual assault or stalking and fear for my safety and/or the safety of my child or individual for whom I am a guardian.
- My applicant assistant and I have determined that *Safe at Home* should be part of my safety plan.
- I am a resident of the state of Vermont and have recently relocated to a place unknown to the abuser.
- I have received and do understand the "Checklist of Applicant Responsibilities" which is part of this application.
- I understand that knowingly providing *Safe at Home* with false or incorrect information is punishable under Section 2904 of Title 13 and will jeopardize my participation in the program.
- I designate the Secretary of State as my agent for purposes of service of process and receipt of first-class, certified or registered mail and that I may not use the *Safe at Home* program to evade my legal obligations.
- I am not knowingly the subject of an active arrest warrant.
- I understand that moving from the above residential address or changing my mailing address without first notifying *Safe at Home* may result in the cancellation of my participation in the program.
- I understand that if I am under the supervision of the Department of Corrections, I must notify the department of my actual address and I authorize the Secretary of State to release my actual address to the department.
- If I am required to report my actual address for the sex offender registry, I authorize the Secretary of State to release my actual address to the registry.
- I affirm under the penalties of perjury that the information on this form is true and accurate.

_____ Signature of Applicant or Parent/Guardian	_____ Date
_____ Signature of Applicant Assistant	_____ Printed Name of Applicant Assistant
_____ Name of Program or Agency of Applicant Assistant	_____ Applicant Assistant Phone Number