

DOMESTIC VIOLENCE VICTIMS NOTICE

NOTICE: A tenant who has a reasonable apprehension of present danger to him or her or his or her child from domestic violence, sexual assault, or stalking may have special statutory rights to seek a release of rental obligation under MCL 554.601b.

Pursuant to Chapter 554.601b under Act 348 of 1972 of the Michigan Compiled Laws, you have the right to submit to the Landlord the following information:

Name of organization, agency, clinic, professional service provider

I and/or my _____ (child) have/has a reasonable apprehension of present danger from
domestic violence as defined by MCL 400.1501.
sexual assault as defined by MCL 750.520a to 750520l.
stalking as defined by MCL 750.411h or 750.411i.

Briefly describe the incident giving rise to the reasonable apprehension of domestic violence, sexual assault, or stalking:

The incident(s) that I rely on in support of this declaration occurred on the following date(s) and time(s):

and at the following location(s): _____

The incident(s) that I rely on in support of this declaration was/were committed by the following person(s), if known:

I state under penalty of perjury under the laws of the state of Michigan that the foregoing is true and correct. By submitting this statement, I do not waive any legally recognized privilege protecting any communications that I may have with the agency or representative whose name appears below or with any other person or entity. I understand that my obligation to pay rent will end no later than the first day of the second month that rent is due after I give notice. My obligation to pay rent does not end until I vacate the premises. I understand that my landlord may keep prepaid amounts, including first and last months' rent and all or part of my security deposit or other amounts as allowed under law.

Dated at _____ (city), Michigan, this ____ day of _____, 20____.

Signature of Tenant or Household Member

I verify under penalty of perjury under the laws of the state of Michigan that I have provided services to the person whose signature appears above and that, based on information communicated to me by the person whose signature appears above, the individual has a reasonable apprehension of present danger to the individual or his or her child from domestic violence, sexual assault, or stalking, and that the individual informed me of the name of the alleged perpetrator of the actions, giving rise to the apprehension if known. This verification does not waive any legally recognized privilege that I, my agency, or any of its representatives have with the person whose signature appears above.

Dated at _____ (city), Michigan, this ____ day of _____, 20__.

Signature of authorized officer/employee of (organization, agency, clinic, professional service provider)

License number or organizational tax identification number

Organization name

Printed address