



APPLICATION FOR CERTIFICATION TO PARTICIPATE IN SAFE AT HOME PROGRAM

Return Form to: Safe at Home (c/o SOS Office) 700 Capital Avenue, Suite 152 Frankfort, KY 40601

TYPE OF APPLICATION

Enrollment

□Renewal

APPLICANT INFORMATION				
This form is being completed by:				
□ Applicant	□ Applicant			
□ Parent or guardian on behalf of minor applicant				
Guardian of applicant declared incompetent by a	court			
Individual living with a victim				
			1	
Name of Applicant (first, middle, last)	Date of Birth (r	month/day/year)	Social Security Number	Gender
Any Other Name that may appear on Applicant's M	Email			
Residential Address (required)	City		State	Zip Code
Mailing Address (if different)	City		State	Zip Code
Applicant's telephone number for use by Secretary of State		Alternate telephone number for use by Secretary of State		
() -		() -		
□ Home □Cellular □Work □Other		□ Home □Cellular □Work □Other		
Emergency Contact		Emergency Contact Phone Number		

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant
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*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of person(s) who is causing you to have safety concerns for yourself, your household members and/or the person you are completing this application for:

I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. *This is not required if not applicable*					
Yes No					
Reason for applying to Safe at Home (optional)					
Domestic Violence How did you hear abou	Sexual Assault t Safe at Home?	Stalking	Human Trafficking	Criminal Offense Against a Minor	

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)

Please read each of the statements below and initial. You must read and agree to each of the statements below.						
	I am an adult survivor of domestic violence, sexual assault, stalking or human trafficking or I am the parent of a child or guardian of an adult individual who is such a survivor, or I am a household member of such a survivor. I fear for my safety or the safety of another person who resides in the same household.					
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not required to register as					
	a sex offender under the laws of Ke	, ,				
			e at Home to state or local agencies when requested.			
			purpose of receipt of mail. Therefore, if Safe at			
	Home accepts legal documents or certified mail addressed to me, it is as if I received them.					
L	 I understand that my participation in Safe at Home may be cancelled for any of the following reasons: 1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change, 2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service, 3. If I do not accept service of process or am unavailable for delivery of service of process, 4. If my application contains false information. 					
	I understand that it is my responsibil	ity to notify family, friends, businesses, and go	vernment agencies of my Safe at Home designated			
	address. I recognize that if I share r	ny confidential address, the Safe at Home pro	ogram cannot control its distribution.			
			ber, my mail may be delayed or may never reach			
		irst-class, legal, and certified mail, as well as p				
	or be cancelled from the program.	are at Home for a four year term. At the end of	this term, I realize I will have to renew my enrollment			
	I authorize the Safe at Home Program to notify the State Board of Elections to remove my physical and mailing address from voter registration documents that can be viewed by the public but maintain my physical address for the purpose of remaining registered and populated in the correct precinct.					
	I realize that if I purchase or sell rea	l estate, my information will appear on public r	ecords.			
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes					
	within 14 days.					
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless an agency has a bona fide statutory or administrative requirement for use of the address.					
	My children under the age of 18 may be enrolled with me as dependents. Individuals over the age of 18 must enroll separately. Minors who turn 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.					
SIGNA	TURE OF APPLICANT					
I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.						
Printec	Name of Applicant	Signature of Applicant	Date			
Printed	Name of Application Assistant	Signature of Application Assistant	 Date			
	RIZATION					
	f Kentucky of					
The for	egoing instrument was acknowledged 	l before me this day of	,, by			
			Notary Public Signature			
			Commission ID:			
			Commission Expires:			

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