Certification Letter for Victim of Family Violence for Waiver of Initial Utility Deposit

This letter serves to certify that ____________________________ (Name of Applicant for Service) is a victim of family violence as defined in La. R.S. 46:2121.1, and therefore has demonstrated satisfactory credit for the purposes of establishing service.

Requirement of initial deposit must be waived for the above named customer.

The following Certifying Entity has determined that the above named Applicant is a victim of family violence as defined in La. R.S. 46:2121.1. (Only one certifying entity is required.)

Family Violence Program (Agency name): ________________________________
Treating Medical Personnel (Name of clinic/hospital): __________________________
Law Enforcement Personnel (Specify division): _________________________________
Office of Attorney General (Specify division): ________________________________
Office of a Louisiana District Attorney (Specify division): _______________________

By my signature I certify that the above named Applicant has been determined to be a victim of family violence as defined in La. R.S. 46:2121.1 and I am qualified to make that determination.

Signature: __________________________ Date: __________________________
Printed name: __________________________
Job Title: __________________________ Phone Number: __________________________
Supervisor: __________________________ Phone Number: __________________________
Title of Supervisor: __________________________

This form expires ninety (90) days from the date of the signature of the certifying individual.