



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#
DATE OF BIRTH (mm/dd/yyyy)	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Intersex/Non-binary <input type="checkbox"/> Genderqueer/Gender Non-confirming	

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):  
 \_\_\_\_\_

**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.		

**The security questions below will be used to verify your identity when you interact with SAH staff**  
 What is the first thing you learned to cook? \_\_\_\_\_  
 What is your favorite childhood toy? \_\_\_\_\_  
 What was the make of your first car? \_\_\_\_\_

**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 \_\_\_\_\_

TELEPHONE	CELL Phone	Email
( )	( )	

- I am a victim of domestic violence, human trafficking, sexual assault, stalking, human trafficking, providers of legally protected healthcare (reproductive and gender-affirming care), and patients of legally protected healthcare 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