



Safe at Home Forms.



Iowa's Safe at Home Participant
Forms Booklet

Every Iowan deserves to be Safe at Home

Additional Forms:

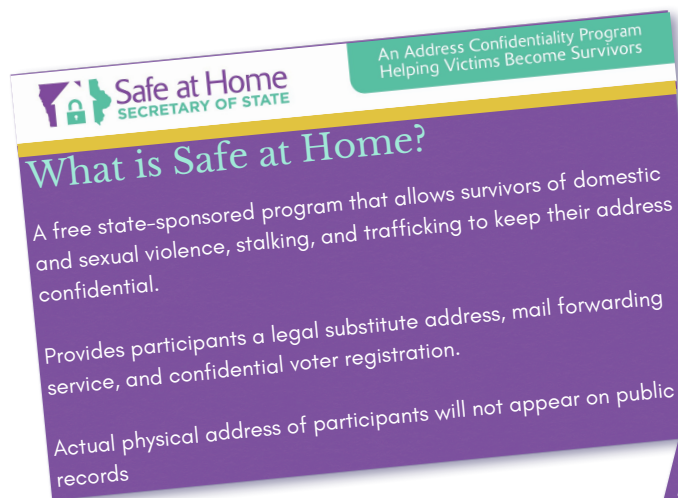
If you need additional forms, please choose one of the following options.

1. **Contact the Safe at Home office by calling 515-725-7233 or by emailing SafeAtHome@sos.iowa.gov and requesting that the forms be mailed to you.**
2. **Locate our forms section on the Safe at Home website: www.safeathome.iowa.gov and mail them back to Safe at Home P.O. Box 959 Des Moines, IA 50304.**

Please Note:

The asterisk * indicates a required field on the following forms.

If you do not have a piece of required information, please contact the Safe at Home office.



Electronic signatures not accepted
Return Forms To:
Safe at Home
899 E 12th St. PO Box 959
Des Moines, IA 50304

PROGRAM APPLICATION FORM

For Staff Use Only	Certification Date	Initials	SAH ID. #
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***Purpose of Form:**

☐ Enrollment ☐ Renewal

Personal Information

*Full Legal Name (First, Middle, Last)		*Date of Birth	Race/Ethnicity
Any other Name that may appear on applicant mail			County of Residence
*Residential Address	*City	*State	*Zip Code
Mailing Address (if different)	*City	*State	*Zip Code
*Phone Number	Secondary Number	*Email Address	
Emergency Contact		Emergency Contact Phone Number	

Dependents information (those 18 years and older must complete a separate application)

Dependent's Legal Name(s) First, Middle, Last	Date of Birth	Relationship to Applicant

If you have additional dependents, please attach a sheet listing their information

Name of Person(s) Feared: _____

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 (If yes, please attach a separate sheet to describe)

☐ Yes ☐ No

Reason for Applying to Safe at Home:

☐ Assault ☐ Domestic Violence ☐ Sexual Abuse ☐ Stalking ☐ Human Trafficking

Would you like information on Absentee Voting

☐ Yes ☐ No

How did you hear about Safe at Home: _____

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 abuse, domestic abuse assault, sexual abuse, stalking, or human trafficking, or I am the parent/guardian of a child or incapacitated individual who is such a survivor. I fear for my safety, the safety of those who reside in my household, or the safety of the person on whose behalf I complete this application.
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not a sexually violent predator.
	I give permission to the Secretary of State's Office to verify my participation in Safe at Home to third parties when requested.
	I designate the Secretary of State as my agent for service of process and for the 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.
	<p>I understand that my participation in Safe at Home may be cancelled for any of the following reasons:</p> <ol style="list-style-type: none"> 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 5. I become ineligible for Safe at Home
	I understand that it is my responsibility to notify friends, family, businesses, and government agencies of my Safe at Home designated address. I recognize that if I share my confidential address, the Safe at Home program cannot control its distribution.
	I realize that my mail address must include an Apt. Number. Without this, Apt. Number, my mail may be delayed or never reach me. Safe at Home will forward only first-class, legal, certified, government mail and prescriptions.
	I understand that I am enrolled in Safe at Home for a four-year term. At the end of this term, I realize that I will have to renew my enrollment or be canceled from the program.
	I authorize the Safe at Home program to cancel my current voter registration in order to remove my name from the public voter registration records.
	I realize that If I purchase real estate, my information will appear on public records.
	I understand that I must notify the Safe at Home program if any of the information on my original Safe at Home application changes.
	I understand that once I am enrolled in the Safe at Home program, my actual address will be confidential unless otherwise ordered by a court or released by the lawful custodian of the record. The Safe at Home program may release my information to the Department of Public Safety, who may release it to law enforcement upon verification that it will aid in responding to an emergency situation, criminal complaint, or ongoing investigation.
	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 in Safe at Home.

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.

Electronic signatures not accepted

*Signature:

*Date:



PROGRAM CANCELLATION FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
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***When canceling, send your Safe at Home Participation Card along with this form**

Personal Information			
*Full Legal Name (First, Middle, Last)			*SAH Apt. #
*Actual Residential Address	*City	*State	*Zip Code
*Forwarding Address	*City	*State	*Zip Code
Reason for cancelling participation:			

Read each statement below and initial to acknowledge your understanding.

	I am willingly cancelling my participation in the Safe at Home program. I understand that by cancelling my participation in the program, I can no longer use the SAH legal substitute address on any documents or forms of identification as my address of residence.
	I understand that upon cancellation in this program, any mail received at the Safe at Home substitute address for me will be returned to sender after 30 days of cancellation.
	I understand that upon my cancellation, other Safe at Home participants in my household will also be cancelled from the program, unless they make separate arrangements.
	I understand that I need to update agencies and organizations that my address is no longer the Safe at Home substitute address.
By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.	
Electronic signatures not accepted	
*Signature:	*Date:





HOUSEHOLD UPDATE FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
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***Purpose of Form:**

☐ Addition to Household
 ☐ Removal from Household
 ☐ Change to Household

*Participant Name	*SAH Apt. #
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Current Enrolled Dependents information

Dependent's Legal Name(s) <u>First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

Dependent to Add/Remove

Dependent's Legal Name(s) <u>First, Middle, Last</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.

Electronic signatures not accepted

*Signature:

*Date:





CHANGE OF INFORMATION FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
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***Purpose of Form:**

PROVIDE ALL THAT APPLY

<input type="checkbox"/> New Legal Name (provide documentation)	<input type="checkbox"/> New Mailing Address	<input type="checkbox"/> Other
<input type="checkbox"/> New Actual Residential Address	<input type="checkbox"/> New E-mail Address	_____
<input type="checkbox"/> New County	<input type="checkbox"/> New Phone Number	
<input type="checkbox"/> New Emergency Contact Information	<input type="checkbox"/> Add Business Name	

Information

*Name at time of Enrollment		New Legal Name		*SAH Apt. #
Former Actual Residential Address	*City	*State	*Zip Code	
New Actual Residential Address	*City	*State	*Zip Code	
New Mailing Address (if different)	*City	*State	*Zip Code	
Former County		New County		
New Phone Number	New Secondary Number		New Email Address	
New Emergency Contact		New Emergency Contact Phone Number		
New Business Name				

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.

Electronic signatures not accepted

*Signature:

*Date:





MAIL HOLD REQUEST FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
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Complete and mail this form to Safe at Home if you will be on vacation or away from your current residence for a short time. By submitting this form, Safe at Home can hold your mail for up to 30 days.

DO NOT SUBMIT A MAIL HOLD AT THE POST OFFICE.

Information	
*Participant Full Name	*SAH Apt. #
*Participant Phone Number	

*Mail Hold Start Date: ____/____/____

*Mail Hold End Date: ____/____/____

Please Note:

- 1.If no future date is indicated as a mail hold start date, your mail hold will begin on the date Safe at Home receives this request
- 2.If no mail hold end date is indicated, your mail hold will end 30 days from the start date. 30 days is the longest we will hold mail.
- 3.You must give Safe at Home a telephone number at which you can be reached during your mail hold period in case you receive legal mail that requires your immediate attention.

I understand that my Safe at Home mail will not be held for longer than 30 days. Safe at home will begin forwarding my mail to be at my actual address on the end date indicated above or three weeks from the start date indicated above.

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. I understand that I am personally responsible for any consequences that may result due to this mail hold and that this mail request will not be effective if I have not signed or indicated a telephone number at which I can be reached.

Electronic signatures not accepted

*Signature:

*Date:





SAFE LABEL NAME FORM

For Staff Use Only	Processed Date	Initials	SAH ID. #
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A safe label is a fictitious name used on the Safe at Home outgoing mail envelope as an additional safety measure. The use of a safe label name is **optional**. If you would like to use a safe label name, complete this form and return it to Safe at Home. Your chosen safe label name **cannot** be the name of any actual, known person. This includes the names of relatives, friends, and celebrities. **You will need to place your safe label name in your mailbox so that your mail carrier will deliver mail in that name.**

A safe label name is **not** a legal name change. Mail received in the Safe at Home office **must** be addressed using the participant's legal name. **The safe label name will only be used for outgoing mail from Safe at Home.**

***Purpose of Form:**

☐ Start Using Safe Name

☐ Stop Using Safe Name

☐ Update Safe Name

Information

*Participant Full Name	*SAH Apt. #
*Chosen Safe Label Name	

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements.

Electronic signatures not accepted

*Signature:

*Date:





How to Vote in Safe at Home

Who to register with:

As a Safe at Home participant, you will register to vote with the Secretary of State's Office, not your County Auditor.

Please use your Actual Residential Address for your Voter Registration Form. This will ensure you receive the correct ballot.

Ballots will be mailed to the mailing address on file, unless indicated otherwise.

Important Note:

Voting at your polling place on Election Day is unsafe. The only option to Vote as a Safe at Home participant is Absentee voting.

Please let us know if you have questions about voting with Safe at Home.

Revised 04/2025

STATE OF IOWA OFFICIAL VOTER REGISTRATION FORM

Revised 1/14/2025

In Iowa, you are not qualified to vote following a felony conviction until your right to vote is restored by the Governor. To learn more about voting after a felony conviction visit RestoreYourVote.iowa.gov.

Qualifications

1. Are you a citizen of the United States? ☐ Yes ☐ No
2. Will you be 18 years of age on or before Election Day? ☐ Yes ☐ No

If you answered "No" to either of these questions, do not complete this form.

ID Number

Provide your Iowa driver's license, non-operator ID number, or the last 4 digits of your Social Security number if you have one.

☐ IA driver's license #:

☐ IA non-operator ID #:

☐ Last 4 digits of Social Security number: XXX – XX –

☐ I do not have an IA driver's license, non-operator ID, or Social Security number.

Additional Information

Date of birth and sex are required.

Date of Birth (month, day, year) / /

Sex ☐ Male ☐ Female

Phone and/or Email (optional) _____

Your Name

Last _____

First _____

Middle _____ Suffix _____

Address Where You Live

Street Address _____

(include apt., lot, etc.)

City _____ Zip _____ County _____

If homeless or you do not have an established residence, describe where you reside: _____

Where You Receive Mail (if different)

Address/P.O. Box _____

City _____ State _____ Zip _____

Previous Voter Registration Information

Your name was _____

Your address was _____

Your city and state were _____ Your zip was _____

Political Affiliation (check only one)

Political Parties: ☐ Democratic ☐ Republican ☐ No Party

Non-Party Political Organizations: ☐ Green ☐ Libertarian

WARNING

If you sign this form and you know the information is not true, you may be convicted of perjury and fined up to \$10,245 and/or jailed for up to 5 years.

Registrant Affidavit

I swear or affirm under penalty of perjury that:

- I am the person named above.
- I am a citizen of the United States.
- I have never been convicted of a felony **OR** my right to vote has been restored by the Governor, including through Executive Order, after a felony conviction.
- I am at least 17 years old.
- I live at the address listed above.
- I am not currently judged by a court to be "incompetent to vote."
- I do not claim the right to vote anywhere else.

Signature _____ Date _____

Return Voter Registration Form to:

Iowa Safe at Home
899 E. 12th St.
PO Box 959
Des Moines, IA 50304



STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

*Indicates required information

*I _____ born

Full Legal Name

on ____/____/____ request an absentee ballot for all elections in which I am eligible to
Birth Date (MM/DD/YYYY)

vote for the period I am certified as a Safe at Home participant.

***ADDRESS WHERE YOU LIVE**

(Actual Residential Address)

Home Street Address

Include Apt., Lot, Etc.

City

Zip

County

***WHERE YOUR ABSENTEE
BALLOT SHOULD BE MAILED**

(Your SAH Address Include APT. #)

Address/P.O. Box

City

State

Zip

Country (Other than USA)

CONTACT INFORMATION

Phone

Email

***PARTY AFFILIATION**

(Primary Elections Only)

☐

Democrat

☐

Republican

This section only effects voting in Primary Elections

I swear or affirm that I am the person named above, and I am a registered voter or I am entitled
to register at the address listed on this form.

I am eligible to receive and vote an absentee ballot for the election(s) indicated above.

(Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.)

Signature

Date

Absentee Voting in Safe at Home

Please Initial below stating your understanding of the following:

	Absentee Request forms are valid for the length of your Safe at Home certification period.
	Absentee voting is the only way to vote as a Safe at Home participant.
	The voting process will be handled by the Secretary of State's Office, not your County Auditor.
	If you move, you will need to resubmit this form.

Return Absentee Ballot Request Form to:

Iowa Safe at Home
899 E. 12th St.
PO Box 959
Des Moines, IA 50304





Website: www.safeathome.iowa.gov

Landline: 515-725-SAFE (7233)

Email: SafeAtHome@iowa.gov



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