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|-----------------|--------------------|----------|--------|
| Staff Use Only: | Certification Date | Initials | Apt. # |
|-----------------|--------------------|----------|--------|

# Iowa Safe at Home Application

Purpose of Form:  Enrollment  Renewal

Return Form to:  
**Safe at Home**  
899 East 12<sup>th</sup> St.  
PO Box 959  
Des Moines, IA 50304

|  |                            |                                |          |
|--|----------------------------|--------------------------------|----------|
| Full Legal Name (First, Middle, Last)              |                            | Date of Birth                  |          |
| Any Other Name that may appear on Applicant's Mail |                            | County of Residence            |          |
| Residential Address                                | City                       | State                          | Zip Code |
| Mailing Address                                    | City                       | State                          | Zip Code |
| Phone Number                                       | Alternate Phone Number     | Email Address                  |          |
| Emergency Contact                                  |                            | Emergency Contact Phone Number |          |
| Dependents' Legal Name(s) (First, Middle, Last)    | Date of Birth (mm/dd/yyyy) | Relationship to Applicant      |          |
|  |                            |                                |          |
|  |                            |                                |          |
|  |                            |                                |          |
|  |                            |                                |          |

\*If you have more dependents, please attach a sheet listing their full legal names, date of birth, and relationship to applicant.

Name of Person(s) Feared:

I have good reason to believe that I am a victim of an offense perpetrated by someone who is employed by or has personal connection to law enforcement or a government agency.  
(If yes, please attach a separate sheet to describe.)

Yes  No

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 completed 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.   |
|  | I understand that my participation in Safe at Home may be cancelled for any of the following reasons:<br>1. I change my legal name and do not notify the Secretary of State's Office in writing prior to the change,<br>2. Mail forwarded by the Secretary of State's Office is returned as undeliverable by the United States Postal Service,<br>3. If I do not accept service of process or am unavailable for delivery of service of process,<br>4. If my application contains false information,<br>5. I become ineligible for Safe at Home. |
|  | I understand that it is my responsibility to notify family, friends, 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 may never reach me. Safe at Home will forward only first-class, legal, and certified mail, as well as packages of prescriptions.   |
|  | I understand that I am enrolled in Safe at Home for a four year term. At the end of this term, I realize I will have to renew my enrollment or be cancelled 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 commercial 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 an 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 turns 18 during participation in the program are responsible for completing a renewal form at that time to continue Safe at Home participation.   |
| <b><i>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.</i></b> |  |
| <b>Signature</b>   | <b>Date</b>  |