



OFFICE OF THE ATTORNEY GENERAL

Instructions for Relocation/Rental Expenses

Relocation/rental expenses will be denied if the offender moves into the new residence. Relocation/rental expenses must be submitted within three years of the date of crime and are intended for rental property only and not to purchase a home.

Please note: This benefit is paid in two parts:

Relocation Expenses will be paid in one payment and Rent in a second and **final** payment.

(Part 1 Payment)

RELOCATION EXPENSES: (If you are only requesting moving expenses, you must specify this in writing).

1. **You must complete/sign the Relocation Expense Worksheet/Acknowledgment forms.** All shared relocation expenses and all deposits, including the rental deposit, will be divided by the number of adult roommates listed on the lease. Past due amounts for phone and utilities are not covered.
2. If you are using a moving company or renting a moving vehicle, **you must attach** an estimate from a professional establishment. If not received, we will not include this amount in our review. If you are moving a mobile home, we will need a written estimate from a moving company.
3. If you have not yet signed a lease, you must **have the landlord complete** and submit the attached **LETTER OF INTENT.**
4. If you choose to have the landlord paid directly, **you must complete** the attached **PAYMENT AFFIRMATION.**
5. The 1st month's rent can be paid with either a signed lease or letter of intent from the landlord requesting the 1st month's rent. Refer to part 2 below.
6. Please submit all forms, estimates, lease or letter of intent at one time.

(Part 2 Payment)

RENTAL ASSISTANCE: (If you are only requesting rental assistance, you must specify this in writing.)

1. Submit all receipts for any moving company, van rental, utility deposits & fees.
2. Submit a complete copy of the signed and dated lease agreement. A lease is also required when subleasing, renting from friends or family or renting a mobile home lot.
3. Rental expenses will be divided by the number of adult roommates listed on the lease.

If you fail to submit receipts and the signed lease agreement within 30 days, you will not receive Rental assistance, your claim will be closed and you will be required to refund this program the amount we awarded for Relocation Expenses.

ATTENTION: Please see attached Electricity and Telephone waivers that you may be entitled to use. Send those forms to your local telephone/utility companies for waiver of deposits. Do not return them to Crime Victims' Compensation or Texas Council on Family Violence. **If you have any questions**, or need further instructions, please feel free to contact me at: 1-800-983-9933 extension 6 _____. Return the Relocation Expense Worksheet and Acknowledgment to: Crime Victims' Compensation, P.O. Box 12198, Austin, TX. 78711-2198.



Claim No.: _____

OFFICE OF THE ATTORNEY GENERAL

RELOCATION AND RENTAL ASSISTANCE ACKNOWLEDGMENT

Article 56.32 (9)(h) Texas Code of Criminal Procedure makes help with relocation and housing rental costs available to victims of family violence or victims of reported sexual assault in their place of residence, who are eligible for benefits with the Crime Victims' Compensation Program.

Article 56.42(d) provides for up to \$2000 to be used for relocation expenses including:

- rental deposit
utility connections limited to electricity, gas, water and one telephone line
expenses relating to moving of belongings
mileage expenses for actual move
transportation/lodging/meals for out-of-state moves

Article 56.42 (d) also provides for up to \$1800 to be used for rent.

By law, a victim may be paid for relocation and rental expenses one time only.

In order to receive help with relocation, the Crime Victims' Compensation Program recommends that the victim develop a safety and relocation plan with a local victim assistance professional. The victim is encouraged to work with the victim assistance professional in finding a suitable location and residence for the victim.

CLEARLY PRINT THE ADDRESS WHERE THE RELOCATION CHECK NEEDS TO GO:

(NAME) (ADDRESS WITH APT.# IF APPLIES)
(CITY / STATE / ZIP CODE) (PHONE #)

PERMANENT CONTACT INFORMATION FOR THE VICTIM/CLAIMANT:

(YOUR NAME OR NAME OF RELATIVE) (ADDRESS WITH APT. # IF APPLIES)
(CITY, STATE ZIP-CODE) (PHONE #)

Have you applied or do you receive assistance from other agencies for relocation or rental expenses?

yes ___ no ___ If yes, amount? _____ Name of agency _____

ACKNOWLEDGMENT

I acknowledge that I was a victim of family violence / sexual assault (circle one). I am requesting financial assistance for rent and relocation expenses resulting from the crime, and the attached itemized list of relocation is true and correct. I agree to provide CVC with all the receipts available to verify payment of the listed expenses. I understand that my failure to use these funds for rent and relocation expenses may result in the denial of further benefits, closure of the claim, repayment to CVC of any funds accepted and/or possible prosecution for fraud.

Printed Name of Victim/Claimant

Signature of Victim/Claimant Date

Signature of Victim Assistant or Advocate Date



ATTORNEY GENERAL OF TEXAS
G R E G A B B O T T

PAYMENT AFFIRMATION

To be completed and signed by the Lessee.

Please complete the following questions if you want payments to be sent directly to the landlord.

If there are no payments to landlord, please disregard.

LANDLORD INFORMATION:

CLAIM NUMBER: _____

VICTIM: _____

CLAIMANT: _____

YOU MUST COMPLETE ALL QUESTIONS:

Would you like the landlord to be paid directly? yes no

If yes, please mark the payments you would like to go to the landlord:

(Exact amounts should be specified on the letter of intent and expense worksheet.)

Application fee

Administration fee

Security Deposit

1st Month Rent

Complete Rental Portion

LANDLORD CONTACT INFORMATION:

NAME OF LANDLORD-APARTMENT

PHONE NUMBER OF LANDLORD

TAX ID/SSN OF LANDLORD

STREET ADDRESS

SUITE

CITY

STATE

ZIP CODE

THIS FORM MUST BE COMPLETED, SIGNED, AND DATED BEFORE WE ARE ABLE TO RELEASE THE CLAIM FOR ANY BENEFITS OR PAYMENTS. IF THIS INFORMATION SHOULD CHANGE, YOU ARE OBLIGATED TO NOTIFY OUR OFFICE (CVC) IN WRITING. FAILURE TO NOTIFY CVC OF CHANGES IN THIS INFORMATION MAY RESULT IN DENIAL OF FUTURE BENEFITS.

I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY UNDER TEXAS PENAL CODE § 37.02 THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT .

PRINT NAME OF LESSEE

DATE

SIGNATURE OF LESSEE

Revised 03/26/09

To be filled out by the apartment manager/landlord

Please copy your letterhead to the space provided above. If you are unable to do so, the following information must be included on your own letterhead.

LETTER OF INTENT

VC# _____

NAME OF THE VICTIM AND INTENDED OCCUPANTS (and their relationship to the victim):

RENTAL AMOUNT: \$ _____

RENTAL DEPOSIT(S):\$ _____

(Pet deposits are not included)

APPLICATION FEE (if any) \$ _____

\$ _____

LOCATION OF INTENDED RESIDENCE:

ESTIMATED DATE OF MOVE IN: _____ (month / day / year)

Are you requesting the 1st month's rent prior to move in: YES _____ NO _____ (check one)

I UNDERSTAND AND ACCEPT THAT THIS CONTRACT IS AN AGREEMENT BETWEEN ME AND THE TENANT, AND NOT THE CVC PROGRAM.

Printed name of landlord / apartment manager

Date

Signature (landlord/apartment manager)

(_____) _____
Telephone number

TAX ID # _____

Certification Letter for
Victim of Family Violence Waiver for
Electric and Telephone
Service Deposit

This form serves to certify the person listed below is a victim of family violence as defined by Texas Family Code §71.004, and therefore has demonstrated satisfactory credit for the purposes of establishing electric and telephone service per P.U.C. Substantive Rules §25.478 (a)(3)(D) and/or §26.24 (a)(1)(B)(iv). **Telephone service must be with a Dominant Certificated Telecommunications Utility.**

Requirement of deposit must be waived for the below named customer for electric and/or telephone service.

Name: _____

Electric Service Provider & Account Number: _____

Telephone Service Provider & Account Number: _____

The following Certifying Entity has determined that the above named Applicant is a victim of family violence as defined in Texas Family Code §71.004. **(Only one certifying entity is required.)**

Family Violence Center (Agency Name): _____

Treating Medical Personnel (Name of Organization): _____

Law Enforcement Personnel (Specify Division): _____

Office of Texas District or County Attorney (Specify Division): _____

Office of the Attorney General (Specify Division): _____

Texas Equal Access to Justice Foundation Grantee* (Name of Grantee): _____

*To locate free Civil Legal Services providers funded by the Texas Equal Access to Justice Foundation, go to:
www.teajf.org.

By my signature I certify that the above named Applicant has been determined to be a victim of family violence as defined in Texas Family Code §71.004 and I am qualified to make that determination.

Signature: _____ Date: _____

Printed Name: _____

Job Title: _____ Contact Number: _____

TEXAS RETAIL ELECTRIC PROVIDERS:

Abacus Energy Resources	866-308-6005	Hino Electric Power Co.	877-762-0530
Accent Energy	800-947-8683	Hudson Energy Services	866-729-3822
Affordable Power Plan, LP	888-456-2085	Just Energy	866-548-7690
Alliance Power Company	877-879-3921	Kinetic Energy, LLC	866-551-3674
Ambit Energy	877-805-5606	Liberty Power	877-772-2354
AmeriPower, LLC	877-335-0180	Mega Energy	866-599-6342
Amigo Energy	888-835-6359	MXenergy	888-858-8944
Andeler	866-578-2358	Nations Power, LLC	866-922-4099
APNA Energy	877-728-2762	Nueces	866-206-7252
Apollo Power and Light	866-567-8036	OnPAC Energy	866-696-6755
Bounce Energy	888-801-6681	Our Energy, LLC	800-246-0453
Brilliant Energy, LLC	877-789-8806	Penstar Power	866-343-3445
Champion Energy Services	888-653-0095	Potentia Energy, LLC	877-668-5673
Cirro	866-691-1911	Prier Energy	877-243-1274
Clearview Electric Inc	877-329-0031	Reliant Energy	800-563-0120
CPL Retail Energy, LP	866-791-4331	Simple Power	888-897-4699
Direct Energy Multifamily	866-791-4331	Southwest Power and Light	866-941-7975
Direct Energy, LP	866-791-4331	Spark Energy L.P.	877-374-8007
Discount Power	877-816-1396	StarTex Power	866-477-8576
Dpi Energy	800-863-7465	Stream Energy	866-544-0691
Energy Plus	866-857-8014	Tara Energy	888-603-7415
En-Touch Energy	888-880-6844	Texas Power	877-277-3448
Epcot Electric	800-553-6052	Texpo Energy	866-937-5937
First Choice Power	866-896-7311	True Electric, LLC	866-639-0023
Frontier Utilities Inc	866-926-8193	TXU Energy	866-245-0087
Gateway Energy Service	877-326-6810	WTU Retail Energy, LP	866-791-4331
Gexa Energy	866-675-4392	Y.E.P.	866-937-5937
Glacial Energy of Texas, INC.	888-277-2380	Young Energy, LLC	866-550-9557
Green Mountain Energy Company	888-307-2674		

DOMINANT CERTIFICATED TELECOMMUNICATIONS UTILITIES:

<u>DCTU</u>	<u>Fax Number</u>
AT&T	800-859-0018
Verizon	512-370-4275
Sprint	888-436-7836
Windstream	512-457-9991

RESOURCES FOR VICTIMS OF FAMILY VIOLENCE

Link Up Program:

The Link-Up program significantly reduces the cost of installation of telephone service. The customer must request the Link-Up discount from the telephone company when they are seeking new service or moving. For more information go to:

<http://www.puc.state.tx.us/ocp/assist/linkup/linkup.cfm>

Waivers of Deposit for Gas Service:

Waivers of deposit for gas service are also available to victims of family violence. To receive a waiver form, call the Texas Council on Family Violence at: (800) 525-1978 or you may download the form at:

<http://www.tcfv.org/pdf/Waiver%20of%20Gas%20Service%20Deposit.pdf>.

Developed by:

Texas Council on Family Violence in coordination with the
Public Utility Commission of Texas and the Texas Legal Services Center
Updated 9-07-10

Waiver of Gas Service Deposit Letter for Victim of Family Violence

Family violence service providers, medical personnel, law enforcement or a designee of the Attorney General in the Crime Victim Services Division of the office of the Attorney General can assist a victim of family violence in establishing gas service by completing this letter. The applicant should deliver the signed original to the gas company when applying for new service.

This letter serves to verify that _____
(Name of Applicant for Gas Service) is a victim of family violence as defined by Texas Family Code §71.004.

Pursuant to Railroad Commission Substantive Rules Applicable to Gas Utility Service, §7.45 (5)(C)(i)¹ (effective 06/22/04), the above named applicant has demonstrated satisfactory credit for the purposes of establishing gas service. This rule applies to investor-owned gas utilities under jurisdiction of the Railroad Commission of Texas².

The following Certifying Entity has determined that the above named Applicant is a victim of family violence as defined in Texas Family Code § 71.004.

Family violence center staff, treating medical personnel, law enforcement agency personnel, or designee of the Attorney General in the Crime Victim Services Division of the office of the Attorney General:

Signature

Date

Printed name

Telephone number

Agency Name

Job Title

¹ Railroad Commission Substantive Rule, §7.45(5)(C)(i): Each gas utility shall waive any deposit requirement for residential service for an applicant who has been determined to be a victim of family violence as defined in Texas Family Code, Section 71.004, by a family violence center, by treating medical personnel, by law enforcement agency personnel, or by a designee of the Attorney General in the Crime Victim Services Division of the office of the Attorney General. This determination shall be evidenced by the applicant's submission of a certification letter developed by the Texas Council on Family Violence and made available on its web site.