



Claim No.: _____

OFFICE OF THE ATTORNEY GENERAL
RELOCATION EXPENSE WORKSHEET

Use the following worksheet to list your estimated costs for relocating to a safe environment, away from the offender, after the eligible crime.

Fill in the estimated amounts in each of the expense categories listed and submit to the CVC Program. Expenses listed below are the only types of assistance that may be approved for reimbursement. Some expenses are only available for the dates of crime indicated.

Be as accurate as possible when providing your **estimated** costs. Some expenses are noted as only reimbursable with receipts or additional information. You will be responsible for statements showing the eligible billed expense, proof of payments, and the complete signed lease agreement before receiving any remaining rental assistance. Money order stubs are not considered proof of payment. Any money that is not accounted for will be deducted from your rental payment.

If your date of crime is after 08/31/2023, you have already moved, and you can submit your complete, signed lease with this packet, the CVC Program may be able to pay all relocation funds available to you without proof of payment for expenses. Check this box if you would like to be reimbursed this way. You do not need to list your expenses, but must list your monthly rent on the last line and sign and date this form.

Check this box if you are only requesting moving expenses. By checking this box, you understand you are forfeiting any available funds for rental assistance. You are still required to submit proof of payment for your moving expenses to the CVC program within 30 days.

Expense	\$ Amount
Rental Deposit/Pet Deposit	\$ /\$
Application Fee/Administrative Fee	\$ /\$
Electric Deposit/Connection Fee	\$ /\$
Gas Deposit/Connection Fee	\$ /\$
Internet Connection Fee - dates of crime after 10/29/2014	\$
Security System Connection Fee - dates of crime after 10/29/2014	\$
Telephone Deposit/Connection or Activation Fee	\$ /\$
Television Connection Fee - dates of crime after 10/29/2014	\$
Water Deposit/Connection Fee	\$ /\$
Professional Moving Company Fees - written estimate required prior to move.	\$
Motor Vehicle Rental - written estimate required prior to move.	\$
Gasoline for Rental Vehicle – estimate for vehicle rental required .	\$
Personal Vehicle Mileage: Starting address: _____ Destination address: _____ <small align="center">(Address / City / State / Zip code)</small>	<i>Mileage will be calculated by the CVC Program</i>
Total Number of One-Way Trips: _____	
Emergency or Temporary Lodging – dates of crime after 08/31/2023 Receipts required and limited to 14 days maximum.	
Out- of- State Move: Lodging - receipts required .	
Out- of- State Move: Food - enter number of travel days and number of claimants; only paid with proof of overnight lodging.	days _____ claimants
Commercial Transportation (receipts for airplane, bus, or train required.)	
Storage - complete storage contract and receipts required . Receipts up to the move-in date on the lease will be reimbursed.	
Monthly Rent	\$

PRINTED NAME OF VICTIM OR CLAIMANT

DATE

SIGNATURE OF VICTIM OR CLAIMANT