



Claim No.: _____

OFFICE OF THE ATTORNEY GENERAL
RELOCATION AND RENTAL ASSISTANCE ACKNOWLEDGMENT

Relocation and rental costs are available to a victim of stalking, family violence, dating violence, human trafficking, a victim sexually assaulted in their residence, or for a child victim of attempted murder in their home. Certain victims and claimants may also qualify if a health or safety need exists.

The CVC program recommends that you develop a safety and relocation plan with a local crime victim advocate or liaison. You are encouraged to work locally with available resources to find a safe location away from the suspect.

The approved date of crime determines the amount of assistance available:

- For dates of crime before 09/01/2023, the CVC Program may pay up to \$2,000 for expenses and deposits, and three months of rent up to \$1800.
- For dates of crime after 08/31/2023, the CVC Program may pay up to \$5,000 for expenses, deposits, and rent per claim.

➡ **PRINT THE ADDRESS YOUR RELOCATION PAYMENT NEEDS TO GO TO OR COMPLETE THE DIRECT DEPOSIT AUTHORIZATION FORM INCLUDED IN THIS PACKET.**

_____	_____
(NAME)	(ADDRESS WITH APT # IF APPLICABLE)
_____	()
(CITY / STATE / ZIP CODE)	(TELEPHONE #)

PERMANENT CONTACT INFORMATION FOR THE VICTIM OR CLAIMANT:

(This can be a trusted person that can be contacted if there is a problem reaching you)

_____	_____
(YOUR NAME OR NAME OF RELATIVE)	(ADDRESS WITH APT # IF APPLICABLE)
_____	()
(CITY/STATE/ZIP CODE)	(TELEPHONE #)

➡ **Have you applied for or are you receiving any relocation or rental assistance from any other agencies or the local housing authority?**

Yes _____ No _____ If yes, amount of assistance: _____

Name of Agency _____

Contact Person _____ Telephone # () _____

If yes, submit documentation from the agency helping you that shows the amount of financial assistance you are receiving.

➡ **ACKNOWLEDGMENT**

I am requesting financial assistance for rent and relocation expenses resulting from the crime, and the attached Relocation Expense Worksheet is true and correct. I agree to provide the CVC Program with the complete lease, proof of payments, and any other information that might be requested to verify payment of the listed relocation costs. If any information related to this move changes, I will notify the CVC program immediately.

I understand that my failure to use these funds for rent and relocation expenses may result in the denial of crime-related reimbursements, closure of the claim, repayment to the CVC Program of any funds paid, and/or additional legal action.

Printed Name of Victim or Claimant

Signature of Victim or Claimant

Date