



## Guidelines for Relocation Expenses

### Section 1: Guidelines. Please read carefully

The VCCB can provide qualifying victims of violent crime up to \$5,000.00 per household for expenses relating to relocation. In exceptional circumstances, assistance exceeding \$5,000.00 may be available. If the victim has had to leave their belongings behind, an additional \$2,500.00 may be available in order to replace essential household items.

The claimant must submit a complete relocation plan with specific, detailed information, including related cost details. The relocation must be determined necessary for the personal safety and/or emotional well-being of the victim as a direct result of the incident in the claim. Recommendation from law enforcement (for physical safety) or mental health provider (for emotional well-being) is strongly recommended to support the application for relocation assistance.

### Staying Safe

Domestic violence and sexual assault victims must agree not to inform their offender of the location of their new residence, nor allow the offender on the premises at any time. The victim shall agree to seek a restraining order against the offender if they try to enter the new residence. Victims should utilize safety tips, additional community and law enforcement resources to ensure their safety and security.

### Safety Tips for Crime Victims Who Are Relocating:

- ✓ Get an unlisted phone number and caller ID
- ✓ Log any threatening calls or texts and report them to police
- ✓ Be cautious about providing personal information
- ✓ Keep a list of critical contact numbers and locations (law enforcement, attorney, medical care, DV shelter etc)
- ✓ Tell trusted friends, neighbors and coworkers about the situation
- ✓ Give them a description of the suspect and the vehicle they may be driving
- ✓ Vary travel routes to work, stores and social engagements
- ✓ Try to stay in public areas
- ✓ Avoid travelling alone if possible
- ✓ Keep a small packed suitcase handy but secure with your driver's license, social security card, birth certificate, passport and medications

### Additional Information:

National Coalition Against Domestic Violence [www.ncadv.org](http://www.ncadv.org)

National Domestic Violence Hotline 800-799-SAFE or [www.ndvh.org](http://www.ndvh.org)

National Center for Victims of Crime 800-FYI-CALL or [www.ncvc.org](http://www.ncvc.org)

## Section 2: Apply for Relocation Benefits

VCCB may award up to \$5,000 per household for expenses incurred in relocating. Although your claim may have been found eligible, not all claimants qualify for relocation benefits. The need for the relocation must be found to have been as a direct result of the qualifying crime. To determine this, certain documentation and information is required.

1. How many people, other than you, need to be relocated?

| Name | Age | Relationship to you |
|------|-----|---------------------|
|      |     |                     |
|      |     |                     |
|      |     |                     |
|      |     |                     |

2. Where and with whom were you living at the time of the incident? \_\_\_\_\_  
 \_\_\_\_\_

3. Were you a leaseholder or owner at this residence? Yes  No

4. Where are you planning on relocating to? Provide the address if known  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Do you have somewhere to stay when you get there? Yes  No

If yes, provide the address and explain with whom you will be living.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Explain what support network you will have at the new location (friends, family etc)  
 \_\_\_\_\_

7. How will you get to the new location? \_\_\_\_\_  
 \_\_\_\_\_

8. Do you have belongings that need to be transported Yes  No

## Section 3: Required Documentation

### 1. Is the move:

Necessary for Safety Reasons  OR

Necessary for Emotional Reasons

**Please provide a written statement explaining the nature of the threat to the victim's personal safety such as threats, history of stalking or assault etc.**

**Please provide a letter from a mental health provider or victim advocate documenting the emotional trauma of the victim**

### 2. Verification of cost of moving into new residence

➤ If you are requesting assistance with the cost of moving into a new residence (security deposit plus two months' rent) please submit the following:

#### Apartment or House Rental

#### Room Rental or Renting from Friend/Family Member

**Lease/Rental Agreement** completed by the Landlord. If an Agreement is not available, the VCCB Rental Verification Form must be completed.  
Note: the W-9 Form must also be completed by the Landlord in addition to the Lease/Rental Agreement

**VCCB Rental Verification Form** must be completed by the individual who is renting the house/room to you.  
Note: the W-9 must be completed by the Landlord in addition to the Rental Verification Form

### 3. Verification of Other Expenses and completion of Relocation Expense Verification Worksheet

- When requesting other relocation expense, please submit copies of the following receipts:
- Airline ticket or print out of estimated air fare
  - U-haul or rental car receipt
  - Motel/hotel/temp. lodging receipts
  - Meal receipts
  - Mailing/removals/storage expenses
  - Replacement furniture/household goods
  - Utility deposits
  - Eviction notice where applicable
  - Hard copy estimates for any expense not yet incurred
- Before VCCB can consider payment of any expenses associated with relocation, the **Relocation Expense Verification Worksheet** must be completed and must be signed by you, acknowledging that all of the information is correct and that you agree not to inform the offender of the location of your new residence

**NOTE: If you have already relocated, please submit copies of all receipts etc as above in order to claim reimbursement**

**Section 4: Relocation Expense Verification Worksheet**

**Relocation assistance is limited to two months' rent and deposit. How will you cover expenses once relocated? Please provide the following financial information to help the VCCB reach a determination on your request**

- What is your household's total monthly income: \_\_\_\_\_
- Please provide information about sources of income. Include wages from employment, benefits, child support, food stamps etc.

| Who receives payment | Type of Payment      | Amount Received | How Often   |
|----------------------|----------------------|-----------------|-------------|
| Example: Joan Smith  | Unemployment benefit | \$400           | Every month |
|                      |                      |                 |             |
|                      |                      |                 |             |
|                      |                      |                 |             |
|                      |                      |                 |             |
|                      |                      |                 |             |

➤ What is your anticipated source of income at your new location? \_\_\_\_\_  
 \_\_\_\_\_

**Agreement**

I declare under penalty of perjury that all the information I have provided is true, correct, and completed to the best of my knowledge and belief. I agree that I will not inform the offender of the location of my new residence. I understand that my signature says I agree to all statements in this agreement.

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|