

Relocation Expense Verification Form



This worksheet is provided to assist you in filing for your relocation expenses. Please provide a **receipt or a form of verification** for each expense for which you are requesting.

California Victim Compensation Board staff will verify and review the requested items, CalVCB application number and recommend the final amount to be paid.

Types of Expenses and Limits	Amount
Rental Housing Please provide a copy of your rental/ lease agreement. You may also have your landlord complete the CalVCB Rental Verification Form if you do not have a rental agreement.	
Utilities Deposit	
Telephone Deposit and Connection Fee	
Temporary Lodging	
Food, Clothing, and Other Personal Items Please provide receipts and a statement explaining the reasons these items were necessary as a direct result of the crime.	
Other Necessary Expenses Please provide receipts and a statement explaining the reasons these items were necessary as a direct result of the crime. Examples of expenses may include moving van/truck rental, fuel costs, airplane tickets, moving expense, fees, etc.	
Total Relocation Expenses <i>Not to exceed \$2,000*</i>	

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true, correct and complete to the best of my knowledge.

Your signature designates you have read and agree with the above statement.

Signature

Date

Important Information for Domestic Violence or Sexual Assault Victims/Claimants

When the relocation is for a victim of sexual assault or domestic violence, the claimant shall agree not to inform the offender of the location of the victim's new residence and not allow the offender on the premises at any time, or the victim shall agree to seek a restraining order against the offender. _____ **(Claimant's initials)**

*For relocation expenses above \$2,000, an applicant must show unusual, dire, or exceptional circumstances. CalVCB may request additional information from you to substantiate that your request meets the unusual, dire, or exceptional circumstance criteria.

California Victim Compensation Board (CalVCB)
 P.O. Box 3036
 Sacramento, California 95812-3036
 Telephone: (800) 777-9229
victims.ca.gov



Privacy Notice on Collection

1. The California Victim Compensation Board collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://victims.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Board.
10. Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, please see CalVCB's Privacy Notice. See <http://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.