

Relocation Rental Verification

CalVCB Application No.:

Instructions: This form must be completed by the Homeowner/Landlord or Apartment Manager and submitted with the Lease Agreement (if available).

Lease Information			
I, the Homeowner/Landlord or Apartment Manager, _____, agree to rent: Please print name of Homeowner/Landlord or Apt. Mgr.			
Check One: <input type="checkbox"/> Residence <input type="checkbox"/> Room* <input type="checkbox"/> Apartment Complex			
<small>*If renting a room, attach a current utility statement from the landlord with the address of the residence.</small>			
Apartment Complex Name (if applicable): _____			
Renter's Name: _____ Beginning on (Month/Day/Year): _____			
Address of the Rental Residence: _____			
Street Address	City	State	Zip Code
Is the renter a family member or friend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the renter part of the Housing Voucher Program? <small>(If yes, please submit the housing voucher statement.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the renter moved in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Compensation Request			
Monthly Rent: \$ _____	Amount PAID by Renter: \$ _____	<input type="checkbox"/> check <input type="checkbox"/> money order <input type="checkbox"/> cash	
Deposit: <small>(if applicable)</small>	\$ _____	<small>(Attach copy of receipt)</small>	
Total: <small>(Amount required to move in)</small>	\$ _____	Balance DUE to Landlord: <small>(if applicable)</small>	\$ _____
Homeowner, Landlord or Apartment Manager's Name			
Homeowner, Landlord or Apartment Manager's Name (Payee): _____ Please print name of Homeowner/Landlord or Apt. Mgr.			
Address: _____			
Mailing	City	State	Zip Code
Telephone No.: _____	Tax I.D. or Social Security No.: _____		
<small>Required</small>			<small>Required</small>
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. I also understand that if I have provided information that is false, intentionally incomplete or misleading, I may be subject to fines and/or imprisonment. The remaining security deposit balance must be returned to CalVCB upon termination of the rental agreement. By signing below, I acknowledge that I fully understand and agree that the remaining security deposit balance will be returned to CalVCB upon termination of the rental agreement*			
X			
Signature of Landlord or Apartment Manager	Print Name	Date	
Important Note to the Homeowner, Landlord or Apartment Manager:			
If you are requesting that payment be sent directly to you, the attached *W-9 Form (also located on the www.victims.ca.gov website) must be submitted with the rental agreement prior to CalVCB issuing payment. Please send the completed forms to the address below or you may return them to the renter to submit to CalVCB. You will receive a 1099 for your tax records. The remaining security deposit must be sent to CalVCB Accounting, PO Box 1348, Sacramento CA 95812-1348, indicate on the check "RELOCATION REFUND," the renter's Full Name and Application ID.			