

RELOCATION EXPENSE VERIFICATION FORM

VCB-30-08060a (Rev 07/2022)



CalVCB Application No.: _____

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. CalVCB staff will verify and review the requested items and recommend the final amount to be paid.

Types of Expenses and Limits Total payment or reimbursement not to exceed \$3,418*	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:	\$

**Expenses that exceed the statutory limit of \$3,418 may be considered for unusual, dire or exceptional circumstances and may result in reimbursement greater than the statutory limit.*

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800.777.9229 • www.victims.ca.gov

VCB-30-08060a

DRS Code - 08060, Relo Expense Verification

Rev. 7/2022



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: _____

Signature

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: _____

Mail the completed documents to:

California Victim Compensation Board
P.O. Box 3036 Sacramento, CA 95812-3036

If you have any questions or need assistance, please feel free to contact us at 800-777-9229.