

RELOCATION INSTRUCTIONS

Please read the instructions carefully. Please provide complete information including receipts or proof of expenses to assist VCP staff in verifying your request.

REQUIRED: Depending on the need for your relocation **ONE** of the following verifications is required: (1. Mental Health Provider Verification, or 2. Law Enforcement Relocation Verification):

1. Moving for Personal Safety ~ (Law Enforcement Relocation Verification)

If you are moving for safety reasons, the following documentation is **required**:

- Law Enforcement Relocation Verification Form**, or a letter on law enforcement agency letterhead that explains the reasons that you need to move for your personal safety.

The following is a list of the law enforcement agencies that can provide the documentation:

District Attorney, Municipal Police Department, Sheriff's Department, District Attorney's Office, County Probation Department, Social Services Agency, the Department of Justice, the Department of Corrections, the Department of Youth Authority, the Department of the California Highway Patrol, the police department of any campus of the University of California, California State University, or community college, and every agency of the State of California expressly authorized by statute to investigate or prosecute violators.

2. Moving for Emotional Well-Being ~ (Mental Health Provider Verification)

If you need to move for your emotional well being, the following documentation is **required** from your mental health provider.

- Mental Health Provider Verification Form**, or a letter may be written in place of the form. The letter must be written on the mental health provider's business letterhead and include the same information requested on the Mental Health Provider Verification Form.

The following is a list of mental health providers that can provide the documentation:

Licensed Psychiatrist, Psychologist, LCSW, MFT, Registered Psychologist, Psychiatric Mental Health Nurse, Clinical Nurse Specialist. A signature from the licensed supervising therapist is required for the following: Psychological Intern, Psychiatric Resident, Associate Social Worker, Psychological Assistant, SA or DV Peer Counselor or any other unlicensed person who is properly supervised.

Additional Documents:

- *Relocation Expense Verification Worksheet** – Please complete and sign the **Relocation Expense Verification* worksheet.
- *VCP Rental Verification or Lease/Rental Agreement** - If you are requesting rent or a security deposit, please submit a copy of the lease or rental agreement on the landlord's official letterhead, which includes the landlord's name, address, telephone number and social security number. **If you do not have a rental agreement you may have the landlord complete the **VCP Rental Verification Form*.**
- *W-9 Form** - If you are requesting that the VCP pay the landlord directly, the **W-9 Form* must be completed by the landlord in addition to the rental agreement.

*These forms are available at www.vcgcb.ca.gov under *publications*

If you have received this relocation information by mail, Relocation Benefit forms should be included in your packet. If not, the forms can be obtained at our website at: www.vcgcb.ca.gov. Go to *Publications*, then to the *Victim Compensation Forms and Publications* tab and search under *Relocation Benefit Forms*.

Mail the completed documents to:
Victim Compensation Program
P.O. Box 3036
Sacramento, CA 95812-3036

Relocation Expense Verification

This worksheet is provided to assist you in demonstrating your relocation expenses. Please provide a receipt or a form of verification for each category for which you are requesting. VCP staff must verify and review the requested items and recommend the final amount to be paid.

**YOU HAVE THE BURDEN OF PROVING YOUR RELOCATION
EXPENSES ARE DIRECTLY RELATED TO THE CRIME**

Types of Expenses and Limits	Amount (\$)
Total payment or reimbursement not to exceed \$2,000*	
Rental Housing: <ul style="list-style-type: none"> Please provide a copy of your rental/ lease agreement. You may also have your landlord complete the VCP 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: <ul style="list-style-type: none"> Please provide receipts and a statement explaining the reasons these items are necessary relocation expenses as a direct result of the crime. 	
Other Necessary Expenses: <ul style="list-style-type: none"> Please provide receipts and a statement explaining the reasons these items are necessary relocation expenses as a direct result of the crime. Examples of expenses might include moving van/ truck rental, fuel costs, airplane tickets, professional moving company fees, etc. 	
Total Relocation Expenses	\$

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 requests for relocation reimbursement above \$2,000.00, an applicant **must** show unusual, dire, or exceptional circumstances. The Program may request additional information to substantiate that your request meets the unusual, dire, or exceptional circumstance criteria.

CALIFORNIA VICTIM COMPENSATION PROGRAM RENTAL VERIFICATION

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

I, (Homeowner/Landlord or Apartment Manager's name): _____, agree to rent:
(Please Print Name of Homeowner/ Landlord or Apt. Mgr.)

(Check one): Residence *Room (*Attach the current utility statement from the landlord with address of the residence)

Apartment Complex (Name): _____

To: _____ beginning on _____
(Renter's Name) (Month/Day/Year)

Address of Rental Residence: _____
street address City State Zip Code

► Is the renter a family member or friend? Yes No

► Is the renter part of the Housing Voucher Program (formerly Section 8)? Yes No
(If yes, please submit the housing voucher statement.)

► Has the renter moved in? Yes No

Monthly Rent: \$ _____

Deposit: \$ _____ (if applicable)

TOTAL: \$ _____ (Total Amount Required to Move In)

Amount PAID by renter: \$ _____ check money order cash (Attach copy of receipt)

Balance DUE Landlord: \$ _____ (if applicable)

(Homeowner, Landlord or Apartment Manager's Information)

Homeowner, Landlord or Apartment Manager's Name (Payee): _____
(Please Print Name of the Homeowner, Landlord or Apartment Manager)

Address: _____
(Mailing) (City/State/Zip)

Telephone No. _____ Tax I.D. or Social Security No.: _____
(Required) (Required)

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.

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

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.vcgcb.ca.gov web site under *Publications*) must be submitted with the rental agreement prior to the CalVCP issuing payment. Please send the completed forms to the address below or you may return them to the renter to submit to the CalVCP. You will receive a 1099 for your tax records.

California Victim Compensation Program (CalVCP)
P.O. Box 3036, Sacramento, California 95812-3036
Telephone: (800) 777-9229
www.victimcompensation.ca.gov

**Law Enforcement Relocation
Verification Form**

► MUST be Completed by Law Enforcement

This form is for law enforcement to document the threat to the personal safety of the crime victim seeking relocation benefits from the California Victim Compensation Program (CalVCP). This form may be used with or without a letter from law enforcement. If a letter is submitted without this form, it must be on the law enforcement agency's letterhead and contain all of the information requested in this form including signature, title, and badge number (if applicable).

Victim Information

Name:		Phone Number:	
Address	City	State	Zip

Crime Information

Crime Date:	Crime Code:	Crime Report Number:
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From the date of the crime to the present, has the victim been in prison, on probation, or on parole because of a felony? Yes No

Is or was it necessary for the victim to relocate for personal safety? Yes No

Not enough information to determine

If Yes, besides the elements of the crime, please describe the threat to the victim's **personal safety**:

Is the perpetrator incarcerated? Yes No If Yes, what is the expected release date? _____
If Yes, is there still a threat to the victim's safety? No Yes – If Yes, please explain the nature of the threat:

If more than 90 days has passed since the crime, is there still a credible threat to the victim?

No – Explain:

Yes – If Yes, please explain:

Name of Law Enforcement Official Providing Information (print):

Agency Name:	Contact Phone Number:
Signature	Badge Number (if applicable) Date

FOR STAFF USE: If form is not fully completed, contact the LE agency, add the missing information, complete the section below, and have the document scanned in.

Law Enforcement Official Providing Information	Badge Number	Phone Number
V/W Center Name, Number & Advocate/Staff Completing This Form	Phone Number	Date

**Mental Health Provider Relocation
Verification Form**

► MUST Be Completed by the Mental Health Provider

A statement from the treating mental health therapist is required when a victim of crime is requesting relocation benefits from the California Victim Compensation Program (CalVCP) due to crime-related emotional trauma. This form is to help mental health providers document how the crime affected the victim's emotional well-being. The form may be used with or without a letter from the mental health provider. If a letter is submitted without this form, it must be on the provider's letterhead and contain all the information requested in this form including signature and license number.

Victim Information

Name		Phone Number	
Address	City	State	Zip

Crime Information

Crime Date	Type of Crime
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Mental Health Information

Provider/Organization Name & Address:	License Number/ Expiration Date
Is the victim currently receiving therapy for this crime? (Yes) (No)	
If "No", on what basis are you making your assessment of the victim's need to relocate due to <u>emotional trauma</u> ?	

► Is it necessary for the victim to relocate due to emotional reasons directly related to the crime?

Yes No Not enough information to determine

► Explain why relocation is necessary for the victim's emotional well-being:

► Describe the consequences if he or she does not relocate:

Important Note! *Psychology Intern, Psychological Assistant, Associate Social Worker, Sexual Assault or Domestic Violence Peer Counselor requires a signature from the licensed supervising therapist.*

Mental Health Provider Name:	Phone Number
Signature	License Number
	Date

FOR STAFF USE: If Form is not fully completed by the mental health provider, contact the provider, add the missing information, complete the section below and have the document scanned in.

Mental Health Provider Supplying Information	Phone Number
VW Center Name, Number and Advocate/ Staff Completing This Form	Phone Number Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.