Relocation Rental Verification

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

CalVCB application number

Lease Information

I, the Homeowner/Landlord or Apartment Manager, _____ , agree to rent:

Residence   Room*   Apartment   *If renting a room, attach a current utility statement from the landlord with the address of the residence.

Apartment complex name *If applicable*   Renter's name

Beginning on *Month/day/year*   Address of the rental residence *Street address, city, state, zip code*

The renter is a family member or friend.   The renter is part of the Housing Voucher Program.
If so, please submit the housing voucher statement.   The renter has moved in.

Compensation Request

Monthly rent   Deposit *If applicable*   Amount paid by renter:
Attach copy of receipt   Amount due to landlord:
If applicable

Total:
Amount required to move in   Check   Money order   Cash

Homeowner, Landlord or Apartment Manager's Information

Homeowner, landlord, or apartment manager's name *Payee*   Tax ID or social security number *Required*

Mailing Address *Street address, city, state, zip code*   Telephone number *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.

_____   _____   _____
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 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 balance must be returned to CalVCB upon termination of the rental agreement. The check 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.

Privacy Notice on Collection

1. CalVCB 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/pra.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 Program.

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.