



**OFFICE OF THE ATTORNEY GENERAL  
INSTRUCTIONS FOR RELOCATION ASSISTANCE**

Read the instructions below carefully. If the forms are returned incomplete, they will be returned to you and your payment will be delayed. If you have any questions about this process, contact our office at 1-800-983-9933.

**IF YOU ARE REQUESTING PAYMENT OF RELOCATION ASSISTANCE *BEFORE YOU MOVE*:**

**Payment  
before  
you  
move:**

- ✓ You must complete and submit the following forms:
  - 1. Relocation and Rental Assistance Acknowledgement
  - 2. Relocation Expense Worksheet
  - 3. Letter of Intent (to be completed by the landlord if you do not have a signed lease)
  - 4. Payment Affirmation (only if making any payments to the landlord)

Email: CVCIntake@oag.texas.gov  
 Mail: Crime Victims' Compensation (011)  
 P.O. Box 12198  
 Austin, TX 78711-2198

**How  
payments  
are made:**

**FIRST PAYMENT** - Sent to you before you move to pay the deposits, expenses and first month's rent (if requested) needed before you move. Once you receive this payment, use it to pay the expenses requested on the Relocation Expense Worksheet.

**AFTER FIRST PAYMENT**- Complete your move and sign the lease agreement. Obtain proof of payment for all deposits and expenses. **You must be listed on the lease and proof of payments must be in your name/the name of another person on the lease to be reimbursed unless good cause exists.** You should submit this information within 30 days of moving or you may be denied remaining funds available to you.

**SECOND PAYMENT WILL BE PROCESSED ONCE:**

1. A complete copy of the lease agreement (signed by you and your landlord) is received. **The person requesting relocation must be listed on the lease. If the victim is moving, the victim must be on the lease.**
2. Proof of payment for items requested on the Relocation Expense Worksheet is received.

**Have you  
already  
moved?**

**IF YOU HAVE *ALREADY MOVED* AND ARE REQUESTING REIMBURSEMENT:**

- ✓ You must complete and submit the following:
  - 1. Relocation and Rental Assistance Acknowledgement
  - 2. Relocation Expense Worksheet
  - 3. Proof of payment for all eligible expenses requested
  - 4. A complete signed copy of your lease agreement

**IMPORTANT:**

Relocation must occur within three years of the date of crime for crimes after 10/29/2007.

If you have previously been relocated away from the suspect, the CVC Program is unable to relocate you again, even for a different crime.

The suspect cannot move with you. The CVC Program will deny assistance or request a refund if it is determined the suspect has moved with you into the new residence.

For victims of family violence, deposit waivers are included. Submit those directly to the service provider. Do not send back to the CVC Program; they will not be returned to you.

The CVC program **will not:**

- assist with the moving expenses or rent of any new household members that move in after the crime.
- reimburse for the purchase of a phone or security system.
- assist with late fees or past due amounts for rent, utilities, or storage.
- assist with costs associated with the purchase of a home (closing costs, inspection fees, mortgage payments).

*Revised 11/21/2024.*



Claim No.: \_\_\_\_\_

**OFFICE OF THE ATTORNEY GENERAL**  
**RELOCATION AND RENTAL ASSISTANCE ACKNOWLEDGMENT**

Relocation and rental costs are available to a victim of stalking, family violence, dating violence, human trafficking, a victim sexually assaulted in their residence, or for a child victim of attempted murder in their home. Certain victims and claimants may also qualify if a health or safety need exists.

The CVC program recommends that you develop a safety and relocation plan with a local crime victim advocate or liaison. You are encouraged to work locally with available resources to find a safe location away from the suspect.

The approved date of crime determines the amount of assistance available:

- For dates of crime before 09/01/2023, the CVC Program may pay up to \$2,000 for expenses and deposits, and three months of rent up to \$1800.
- For dates of crime after 08/31/2023, the CVC Program may pay up to \$5,000 for expenses, deposits, and rent per claim.

➡ **PRINT THE ADDRESS YOUR RELOCATION PAYMENT NEEDS TO GO TO OR COMPLETE THE DIRECT DEPOSIT AUTHORIZATION FORM INCLUDED IN THIS PACKET.**

\_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(CITY / STATE / ZIP CODE)

\_\_\_\_\_  
(ADDRESS WITH APT # IF APPLICABLE)  
( )  
\_\_\_\_\_  
(TELEPHONE #)

**PERMANENT CONTACT INFORMATION FOR THE VICTIM OR CLAIMANT:**

(This can be a trusted person that can be contacted if there is a problem reaching you)

\_\_\_\_\_  
(YOUR NAME OR NAME OF RELATIVE)  
\_\_\_\_\_  
(CITY/STATE/ZIP CODE)

\_\_\_\_\_  
(ADDRESS WITH APT # IF APPLICABLE)  
( )  
\_\_\_\_\_  
(TELEPHONE #)

➡ **Have you applied for or are you receiving any relocation or rental assistance from any other agencies or the local housing authority?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount of assistance: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

*If yes, submit documentation from the agency helping you that shows the amount of financial assistance you are receiving.*

➡ **ACKNOWLEDGMENT**

*I am requesting financial assistance for rent and relocation expenses resulting from the crime, and the attached Relocation Expense Worksheet is true and correct. I agree to provide the CVC Program with the complete lease, proof of payments, and any other information that might be requested to verify payment of the listed relocation costs. If any information related to this move changes, I will notify the CVC program immediately.*

*I understand that my failure to use these funds for rent and relocation expenses may result in the denial of crime-related reimbursements, closure of the claim, repayment to the CVC Program of any funds paid, and/or additional legal action.*

\_\_\_\_\_  
Printed Name of Victim or Claimant

\_\_\_\_\_  
Signature of Victim or Claimant

\_\_\_\_\_  
Date

# Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

## Transaction Type

<b>SECTION 1</b>	<input type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	

## Payee Identification

<b>SECTION 2</b>	Payee type	<input type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee	<input type="checkbox"/> Employer Identification Number (EIN)		
	<input checked="" type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN) *		
	Payee name	Phone number		ext.
	Mailing address	City	State	ZIP code

## New Account Information (Setups and Changes) (Completion by financial institution is recommended.)

<b>SECTION 3</b>	Financial institution name	City	State
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)	Title (optional)	
	Financial representative signature (optional)	Phone number (optional)	Date (optional)

## Existing Account Information (Changes Only)

<b>SEC 4</b>	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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## International Payments Verification (required)

<b>SEC 5</b>	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

## Authorization for Setup, Changes or Cancellation (required)

<b>SECTION 6</b>	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	<b>sign here</b> Authorized signature	Printed name	Date

## Cancellation by Agency (for state agency use)

<b>SEC 7</b>	Reason	Date
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## Authorized Signature (for state agency use)

<b>SECTION 8</b>	<b>sign here</b> Signature	Date
	Phone number	Agency number
	Agency name	<b>302</b>
	<b>Office of the Attorney General</b>	
Comments		

**Please return your completed form to:**  
 Office of the Attorney General  
 Crime Victims Compensation Program/TINS  
 PO Box 12198  
 Austin, TX 78701-2198  
 Phone: 512-936-1822

## Instructions for Direct Deposit Authorization

*You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.*

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### Section 1: Transaction Type

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Select the appropriate transaction type(s).

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### Section 2: Payee Identification

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Select payee type, provide the Texas Identification Number (TIN), Employer Identification Number (EIN) Social Security Number (SSN)\* or Individual Taxpayer Identification Number (ITIN) and enter payee contact information.

**\*Federal Privacy Act Statement**

*Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.*

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### Section 3: New Account Information (Needed for setups and changes)

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Completion by financial institution is recommended.

**Important:** Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

**Prenote Test:**

A prenote test will be sent to your financial institution for the account information provided. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

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### Section 4: Existing Account Information (Needed for changes to existing account information)

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When requesting a change to your existing direct deposit account information, you must complete Section 4 with the existing account information for verification purposes. This measure will help the paying state agency verify accuracy of the requested change.

Any change to banking information begins a prenote test period. See explanation in Section 3, above.

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### Section 5: International Payments Verification

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Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Section 3 of this form will be forwarded to a financial institution outside the United States. If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

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### Section 6: Authorization for Setup, Changes or Cancellation

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Must be completed in its entirety, and no alterations to the authorization language will be accepted.

### *For State Agency Use*

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### Section 7: Cancellation by Agency

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Provide reason for cancellation request.

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### Section 8: Authorized Signature

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For state agency use only.



Claim No.: \_\_\_\_\_

**OFFICE OF THE ATTORNEY GENERAL**  
**RELOCATION EXPENSE WORKSHEET**

Use the following worksheet to list your estimated costs for relocating to a safe environment, away from the offender, after the eligible crime.

Fill in the estimated amounts in each of the expense categories listed and submit to the CVC Program. Expenses listed below are the only types of assistance that may be approved for reimbursement. Some expenses are only available for the dates of crime indicated.

Be as accurate as possible when providing your **estimated** costs. Some expenses are noted as only reimbursable with receipts or additional information. You will be responsible for statements showing the eligible billed expense, proof of payments, and the complete signed lease agreement before receiving any remaining rental assistance. Money order stubs are not considered proof of payment. Any money that is not accounted for will be deducted from your rental payment.

If your date of crime is after 08/31/2023, you have already moved, and you can submit your complete, signed lease with this packet, the CVC Program may be able to pay all relocation funds available to you without proof of payment for expenses. Check this box if you would like to be reimbursed this way. You do not need to list your expenses, but must list your monthly rent on the last line and sign and date this form.

Check this box if you are only requesting moving expenses. By checking this box, you understand you are forfeiting any available funds for rental assistance. You are still required to submit proof of payment for your moving expenses to the CVC program within 30 days.

Expense	\$ Amount
Rental Deposit/Pet Deposit	\$ / \$
Application Fee/Administrative Fee	\$ / \$
Electric Deposit/Connection Fee	\$ / \$
Gas Deposit/Connection Fee	\$ / \$
Internet Connection Fee - dates of crime after 10/29/2014	\$
Security System Connection Fee - dates of crime after 10/29/2014	\$
Telephone Deposit/Connection or Activation Fee	\$ / \$
Television Connection Fee - dates of crime after 10/29/2014	\$
Water Deposit/Connection Fee	\$ / \$
Professional Moving Company Fees - written estimate <b>required</b> prior to move.	\$
Motor Vehicle Rental - written estimate <b>required</b> prior to move.	\$
Gasoline for Rental Vehicle – estimate for vehicle rental <b>required</b> .	\$
<b>Personal Vehicle Mileage:</b> Starting address: _____ Destination address: _____ <small align="center">(Address / City / State / Zip code)</small>	<i>Mileage will be calculated by the CVC Program</i>
<b>Total Number of One-Way Trips:</b> _____	
<b>Emergency or Temporary Lodging – dates of crime after 08/31/2023</b> Receipts <b>required</b> and limited to 14 days maximum.	
<b>Out- of- State Move: Lodging</b> - receipts <b>required</b> .	
<b>Out- of- State Move: Food</b> - enter number of travel days and number of claimants; only paid with proof of overnight lodging.	days _____ claimants
<b>Commercial Transportation</b> (receipts for airplane, bus, or train required.	
<b>Storage</b> - complete storage contract and receipts <b>required</b> . Receipts up to the move-in date on the lease will be reimbursed.	
<b>Monthly Rent</b>	\$

\_\_\_\_\_  
PRINTED NAME OF VICTIM OR CLAIMANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF VICTIM OR CLAIMANT



### OFFICE OF THE ATTORNEY GENERAL

#### PAYMENT AFFIRMATION

To be completed and signed by the victim or claimant.

VICTIM: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

Please complete the following information if you want payments to be sent directly to the landlord.  
**If there are no payments to landlord, you do not need to return this form.**



**MARK THE PAYMENTS YOU WOULD LIKE TO GO TO THE LANDLORD:**

(Exact amounts should be specified on the Letter of Intent and Relocation Expense Worksheet.)

- Application fee                       Administration fee                       Security deposit
- First month's rent                       Complete rental portion                       Pet deposit



**LANDLORD CONTACT INFORMATION:**

(This is where the landlord's payment will be mailed. Payment cannot be issued to the landlord without a valid tax I.D. or SSN.)

NAME OF LANDLORD	(      ) PHONE NUMBER	TAX ID OR SSN OF LANDLORD
STREET ADDRESS      SUITE	CITY	STATE      ZIP CODE



**This form must be signed and dated before we are able to process any crime-related payments to the landlord.**

I affirm that the information provided on this form is true and correct and I understand that providing false information may result in denial of future crime-related payments or reimbursements.

\_\_\_\_\_  
PRINTED NAME OF VICTIM OR CLAIMANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF VICTIM OR CLAIMANT

↑ **TO BE FILLED OUT BY THE APARTMENT MANAGER OR LANDLORD** ↑

Please copy your letterhead or business card to the space provided above or submit a copy of your either with this packet. If you do not have a business card or letterhead, the CVC program will attempt to verify you are the property owner through county property records. You may be asked for additional information if we are unable to verify your ownership.

**LETTER OF INTENT**

⇒ NAME OF THE INTENDED OCCUPANTS (and their relationship to the victim):


RENTAL AMOUNT:       \$ \_\_\_\_\_  
APPLICATION FEE (if any): \$ \_\_\_\_\_  
ADMIN FEE (if any)       \$ \_\_\_\_\_

RENTAL DEPOSIT(S): \$ \_\_\_\_\_  
PET DEPOSIT (if any): \$ \_\_\_\_\_

ARE YOU REQUESTING THE FIRST MONTH'S RENT PRIOR TO MOVE IN: YES \_\_\_\_ NO \_\_\_\_ (check one)

LOCATION OF INTENDED RESIDENCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED DATE OF MOVE IN: \_\_\_\_\_ (month/day/year)

⇒ Are you aware of any assistance the victim has applied for or received from other agencies, such as a local housing authority?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, amount of assistance: \_\_\_\_\_  
Name of Agency \_\_\_\_\_  
Contact Person and Telephone # \_\_\_\_\_

⇒ **The CVC program is not a party to the lease. I understand this is one-time assistance and that the lease agreement is between the tenant and myself. I will deal directly with the tenant if issues arise after the lease is signed.**

\_\_\_\_\_  
PRINTED NAME OF LANDLORD / APARTMENT MANAGER  
\_\_\_\_\_  
SIGNATURE OF LANDLORD/APARTMENT MANAGER

\_\_\_\_\_  
DATE  
(    ) \_\_\_\_\_  
TELEPHONE NUMBER