



Claim No.: _____

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

The following worksheet is presented as a guideline for listing anticipated costs associated with relocation arising from domestic violence (with dates of crime 6/19/99 or after), sexual assault occurring in residence (with dates of crime on or after 9/01/01) and human trafficking (with dates of crime on or after 09/01/13), and is presented to assist the victim in determining the approximate expense of relocating to a safe environment away from the offender.

Please fill-in the amounts anticipated in each of the expense categories listed and submit to Crime Victim Services. The expenses listed below are the only types of assistance associated with relocation which may be approved for reimbursement under Texas law.

Remember: The maximum cost for relocation expenses may not exceed \$2,000 and rental assistance is not to exceed three months of rent or \$1,800, whichever is less. By law, reimbursement for relocation is available as a **one time-only benefit**.

*****Claim only those expenses which apply - maximum award amounts may not be exceeded*****

NOTE: You must submit receipts showing all Relocation Expenses paid and a signed lease agreement before you can receive complete rental assistance.

Expense	\$ Amount
Rental Deposit/Application Fee (verification of amounts must be submitted)	\$ / \$
Electric Deposit	
Electric Connection Fee	
Gas Deposit	
Gas Connection Fee	
Telephone Deposit/Telephone Connection Fee or Activation Fee	\$ / \$
Water Deposit/Water Connection Fee	\$ / \$
Professional Moving Company Fees (written estimate is required from the commercial company)	
Van/Truck Deposit (written estimate is required from the commercial company)	
Van/Truck Rental (written estimate is required from the commercial company)	
Car Rental (written estimate is required from the commercial company)	
Gasoline for Rental Vehicle	
Personal Vehicle Mileage: Starting address: _____ Destination address: _____ (Address / City / State / Zip code)	<i>Mileage will be calculated by Crime Victim Services</i>
Total Number of Trips: _____ (one way)	
Transportation (over 60 miles one way/ send receipts with lease) Other transportation (bus, train, airplane, etc.) please submit receipt with lease	
Out- of- State Move: Lodging (send receipts with lease)	
Out- of- State Move: Food (enter # of days for travel/ # of claimants; include lodging receipt)	
Storage (3 months maximum allowed/submit receipts with storage contract)	
***** Relocation Expenses Total Amount:	\$
Monthly Rental (*copy of signed lease agreement must be submitted before payment of this benefit)	
***** Total Housing Rental Amount:	\$

Signature of Victim/Claimant_____
Printed Name of Victim/Claimant_____
Date_____
Signature of VAC or Advocate_____
Printed Name of VAC or Advocate_____
Date