# LOUISIANA CRIME VICTIMS REPARATIONS BOARD

## CLAIM FORM FOR RELOCATION VERIFICATION EXPENSES

Office: (225) 342-1749 Fax: (225) 342-1672 Nationwide Toll-Free: (888) 6-VICTIM
P.O. Box 3133 Baton Rouge, LA 70821-3133 lcle.la.gov/programs/cvr
Submission of this form does not guarantee payment

Payment for relocation expenses is for those claimants who must relocate from their residence as a result of the crime committed at that location or immediate vicinity for reasons of imminent danger, personal safety, or threat of injury.

Victim's Name: _____ Claimant's Name: _____

1. What was your physical address at the time of the crime? _____

_____

2. Why are you moving and how is the move related to the crime? _____

_____

_____

_____

3. If you want LACVRB to pay for relocation costs (not to exceed $5,000 per head of household) attach the following information and return it to your Claim's Investigator (the parish where the crime occurred). Your Claim's Investigator contact information can be found at https://lcle.la.gov/programs/cvr/cvr-resources/ .

a. Complete copy of lease agreement where the security deposit was paid and this form (talk with your Claim Investigator is this is not available).
b. Copy of receipt showing the deposit was paid.
c. Copy of receipts/ invoices for the move. (Moving company, UHAUL, Utility Deposits, etc.)
d. Temporary relocation costs are not to exceed $140/ day up to 7 days. A receipt with your name must be submitted.
e. Claim form for relocation verification expenses must be submitted with the standard CVR application.

**NOTE: Landlord must be the owner of the property, or an authorized agent of the owner of the property. LACVRB will verify that the landlord is authorized to lease the property. If no new address is available or provided, only moving expenses can be paid at the CVR Standard rate.**

4. Additional Information we need:

a. Landlord/ Owner contact name and phone number: _____

b. Landlord email address: _____

c. Move in Date: _____

d. New address (with zip code): _____

_____

e. Specific occupants allowed: _____

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*** If a victim or claimant is applying for relocation reimbursement, in addition to this form, the "CVR Application" must be completed and submitted.**

This worksheet is provided to assist you in filing for relocation reimbursement. Please provide a **receipt or a form of verification** for each expense which you are requesting. Louisiana Crime Victims 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 shall not exceed $5,000* per head of household.** | **LACVRB may reimburse for:** | **Amount ($)** |
|---|---|---|
| **Rental Housing:**<br>• Please provide a copy of your rental/ lease agreement. | Application Fee, Security Deposit and (one) month's rent | $ |
| **Utility Deposit:**<br>• Please provide receipts and/ or statements. | Water, Sewer, Gas and Electric | $ |
| **Temporary Lodging:**<br>• Please provide receipts/ and or statements. | Up to $140/ day for a maximum of 7 days (total $980*) | $ |
| **Moving Expenses:**<br>• Please provide receipts/ and or statements. | Professional movers or van/ truck rental from commercial company.<br><br>Bus ticket or airplane ticket (one way). | $ |
| **Other Necessary Expenses:**<br>• Please provide receipts/ and or statements. | Personal vehicle mileage (only include trips that are over 50 miles, maximum 500 miles one-way)<br><br>***Starting Address and Destination Address Needed | ***Mileage will be calculated by Crime Victims Reparations Board**<br><br>$ |
| | | |
| Total Relocation Expenses: | | $ 0.00 |

## Important Information for Domestic Violence or Sexual Assault Victims/ Claimants

When 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.

Claimant's Initials: _____

## Signature

I declare under penalty of perjury under the laws of the State of Louisiana 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.

Claimant Signature: _____

Print Name: _____

DATE: _____

SEND THIS FORM AND REQUIRED ATTACHMENTS TO YOUR SHERIFF'S CLAIM INVESTIGATOR.