



# ALASKA

DEPARTMENT OF PUBLIC SAFETY  
Violent Crimes Compensation Board

Mailing Address  
4300 Boniface Pkwy  
Anchorage, AK 99504  
Email: [VCCB@alaska.gov](mailto:VCCB@alaska.gov)  
Fax: 907-465-2379

## REQUEST FOR CRIME RELATED RELOCATION COSTS

Completion of this form is required for consideration of relocation assistance.

Your Name:

Claim No.:

1. Reason for relocating as a direct result of the crime (select all that apply):

There is a credible threat to the victim's personal safety or health

The victim was evicted or is at risk of eviction because of the crime (submit copy of eviction notice)

The crime occurred in the victim's home

The offender became aware of the victim's home address during the commission of the crime

2. Describe (1) where you were living at the time of the crime, (2) whom you were living with, (3) in detail why you need to relocate because of the crime, and (4) where do you plan to relocate (attach a separate sheet if needed).

3. If the crime occurred more than one year ago, describe how the need to relocate now is related to the crime (attach a separate sheet if needed). Leave blank if this does not apply.

4. List the individual(s) that have relocated with you or plan to relocate with you (attach a separate sheet if needed).

| Name | Date of birth | Relationship to you |
|------|---------------|---------------------|
|      |               |                     |
|      |               |                     |
|      |               |                     |
|      |               |                     |



**RELOCATION EXPENSES: Cannot exceed \$7,500 per household**

Select the type(s) of relocation costs you are requesting and include the estimated cost or actual cost.

**NEW RENTAL**

Application fee \$ \_\_\_\_\_ Rental deposit \$ \_\_\_\_\_  
 Utility deposits \$ \_\_\_\_\_ Pet deposit \$ \_\_\_\_\_  
 Rent \$ \_\_\_\_\_ (limited to \$2,000- or two-months' rent; whichever is less)

**IN-STATE OR OUT-OF-STATE MOVE**

Airfare \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_ (limited to five nights)  
 Mileage # \_\_\_\_\_ Other travel costs \$ \_\_\_\_\_

**MOVING OR SHIPPING OF BELONGINGS**

Storage \$ \_\_\_\_\_ (limited to two months) Moving Vehicle Rental \$ \_\_\_\_\_ (reimbursement only)  
 Professional moving company \$ \_\_\_\_\_ (limited to \$2,500)

**OTHER**

PO box rental \$ \_\_\_\_\_ (limited to one year)

**INCOME: Estimated Monthly Income for All Household Members.**

Please list all sources of income, public assistance benefits, and rental assistance or housing voucher.

Employment \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
 Alimony Child support \$ \_\_\_\_\_ Child support \$ \_\_\_\_\_  
 Public assistance \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_  
 Shareholder dividends \$ \_\_\_\_\_ per \_\_\_\_\_  
 Rental assistance or housing voucher portion \$ \_\_\_\_\_ submit copy of housing voucher

My household does not have any income at this time.

**REQUIRED DOCUMENTATION: Please visit our website or contact VCCB if forms are needed.**

**I have already relocated.**

- ✓ Copy of signed lease agreement.
- ✓ Copy of itemized invoices, billing statements, and payment receipts for relocation costs (if any).
- ✓ **Rental Verification Form** completed by landlord OR verified receipts for rent, deposit, pet deposit, application fee, etc.
- ✓ **Substitute W9 Form** if payment is due to landlord.

**I have not already relocated.**

Have you secured a new rental? Yes No  
 If yes, submit:  
 ✓ Copy of unsigned lease (if available)  
 ✓ **Rental Verification Form** completed by landlord  
 ✓ **Substitute W9 Form** if payment is due to landlord

Have you paid any relocation costs out-of-pocket?  
 Yes No

If yes, submit:  
 ✓ Copy of itemized invoices, billing statements, and payment receipts for relocation costs.

If you answered no to both questions above, no other documentation is required at this time. If relocation assistance is approved, additional documentation may be required.