



REQUEST FOR RENTAL ASSISTANCE

Completion of this form is required to determine eligibility for **temporary rent assistance** when a qualifying crime has caused a disruption to the applicant's ability to meet rental obligations. If you need assistance completing the form, contact the Violent Crimes Compensation Board (VCCB) or your local victim assistance agency.

Applicant Information

Applicant Name: _____ VCCB Case No.: _____
 Phone: _____ Email: _____
 Address: _____ City / State / Zip: _____

Landlord/Property Manager Information

Landlord Name/Company: _____
 Phone: _____ Email: _____
 Is this your primary residence: Yes No
 Total Monthly Rent: \$ _____
 Amount Requested: \$ _____ (Max: Lesser of two months' rent or \$4,000)
 Was rent past-due BEFORE the crime occurred? No Yes – If yes, please explain:

IMPORTANT NOTE: If rental assistance is approved, payments are made **directly** to the landlord. VCCB may contact your landlord for verification or additional information.

Impact Statement & Required Documents

Describe how the crime caused a temporary financial disruption to your ability to meet your current rental obligations. Attach supporting documentation such as your **lease, medical restrictions**, financial statements, documentation of hardship (e.g. employer letter, medical note).

Certification & Signature

I certify that the information provided is true and accurate to the best of my knowledge. The rental assistance requested is for my primary residence and I understand that assistance is temporary (up to two months or \$4,000), funds are paid directly to the landlord, and past-due rent prior to the qualifying incident cannot be covered.

Applicant Signature: _____ Date: _____