RELOCATION & SAFETY WORKSHEET

EXPENSE INFORMATION AND ACKNOWLEDGEMENTS

This form must be completed by the victim or legal guardian of a minor or incapacitated adult. **Please print clearly.**

Victim/Claimant's Name: Date of Birth:

Victim/Claimant's Phone: Victim/Claimant's Email:

Provide the dollar amount for each expense for which you are requesting assistance.
Submit copies of all signed leases, contracts, agreements, and/or itemized receipts.

To qualify for relocation and rental assistance, you must be a victim of sexual assault, domestic violence, human trafficking or homicide with safety concerns.

$1,750 for Relocation Expenses	**$1,750.00**	**$1,750 for Rent Expenses**	**$1,750.00**
Temporary Shelter (motel/hotel nights)	$	Rent Month 1	$
Rental Deposit	$	Rent Month 2	$
Utility Deposits (gas, water, electric)	$	Rent Month 3	$
Moving Company	$	*Reimbursement for rent, up to $1,750.00 or 1st three months, whichever is first.*	
Storage Unit	$		
Transportation (air, bus, train, moving vehicle)	$		
Total	$	**Total**	$

OR

$500 for Security Device	**$500**
Security Camera Equipment/Installation	$
Door Lock Replacement	$
Total	$

Acknowledgement:

I am asking for financial help to move or get a security device because I have a real concern for my safety due to what happened to me. I confirm that everything I have shared in this request is true and correct to the best of my knowledge.

I understand that if approved, this help is a one-time payment. I know I cannot receive more money for the same reason in the future.

I understand the agency can deny, reduce, or reclaim payments if I do not submit the required receipts on time or if the receipts do not clearly show the money was spent for the approved reason.

I agree to use all the money I receive only for the approved reasons. I understand that if I misuse the funds, provide false or misleading information, or fail to follow program rules, I may lose the funds or be required to repay the funds if the request was processed, and/or may be ineligible to receive additional financial assistance for other expenses under the application.

Additionally, I acknowledge that making a false claim or using awarded funds in a manner inconsistent with their approved use may subject me to criminal prosecution under NMSA 1978, Section 31-22-20.

By signing below, I confirm that I have read, understand, and agree to these terms.

Victim/Claimant Signature Date