

RELOCATION AND RENTAL CERTIFICATION WORKSHEET (RRAP)

EXPENSE INFORMATION AND ACKNOWLEDGEMENTS

To qualify for relocation and rental assistance, the individual must be a victim of sexual assault, domestic violence, human trafficking or homicide with safety concerns. To be completed by the victim or legal guardian or a minor or incapacitated adult.
(Please print)

Victim's Name: _____ **Victim's Contact:** _____
First/Middle/Last Phone/Email

Date of Birth: _____ **SSN: XXX-XX-** _____

Applicant's Name: _____ **Applicant's Contact:** _____
First/Middle/Last Phone/Email

Date of Birth: _____ **SSN: XXX-XX-** _____

Provide dollar amount of each expense for which assistance is being requested
 Copies of all signed leases, contracts, agreements, and/or itemized receipts **must** be submitted

\$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		<i>Reimbursement for rent, up to \$1,750.00 or three months, whichever is first.</i>	
Storage Unit			
Transportation (air, bus, train, moving vehicle)			
Other (Care and Support):			
Total		Total	

Review and initial each of the following acknowledgements:

_____ I require financial assistance to relocate based on reasonable fear for my safety that is directly related to my victimization.

_____ I understand that if approved, I will not be able to access this funding again at any time in the future.

_____ I agree that the administrating agency may deny, reduce, or withdraw any payments if itemized receipts are not received or if receipts do not reflect the approved purpose for payment.

_____ I understand that criminal prosecution for fraud may be pursued (NMSA 31-22-20) if I make a false claim or use funds in a manner inconsistent with the approved use.

I AFFIRM I HAVE READ, INITIALED AND WILL COMPLY WITH THE ABOVE.

Victim/Applicant Signature

Date