

Utah Office for Victims of Crime
350 East 500 South, Suite 200
Salt Lake City, Utah 84111
Phone (801)238-2360, Toll Free (800) 621-7444
Email crimevictims@utah.gov

CLAIM FOR CRIME RELATED RELOCATION COSTS

Submission of this form does not guarantee payment

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

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

2. If you want UOVC to pay relocation costs, attach the following information and return it to UOVC office:
 - a. Complete copy of lease agreement where the security deposit was paid and this form.
 - b. Copy of receipt showing the deposit was paid. (talk with your Reparation Officer if this is not available)
 - c. Copy of receipts/invoices for the move. (Moving company, UHAUL, fuel, etc.)

NOTE: Landlord must be the owner of the property, or an authorized agent of the owner of the property.
UOVC will verify that the landlord is authorized to lease the property.

3. Additional information we need:
 - a. Name the check should be made payable to: _____
 - i. This must match the legal name associated with the federal tax ID# or social security number.
 - b. Federal tax ID# or social security number of the landlord/owner: _____
 - i. State Finance needs this to process the check.
 - c. Address where the check should be sent: _____

 - d. Landlord/owner contact name and phone number: _____

 - e. Move in Date: _____ Amount of Deposit: _____
 - f. Client's new address (with zip code): _____

 - g. Specific occupants allowed: _____

**Once UOVC receives and approves this information it will take a minimum of two weeks for you to receive a check from the State of Utah Division of Finance.

Declaration of Truthfulness

I hereby declare that the information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment pursuant to Utah Code Ann. 76-8-504 and 63M-7-510.

Victim or Claimant Signature: _____ Date: _____