

Department of Public Safety

Violent Crimes Compensation Board

5700 East Tudor Road Anchorage, Alaska 99507 800-764-3040 <u>vccb@alaska.gov</u>

Fax: 907.465.2379

RELOCATION RENTAL VERIFICATION			
TENANT AND PROPERTY INFORMATION			
Tenant Name(s):			
Rental Address:			
Lease Term:			
COMPLETED) BY LANDLORD OR PF	OPERTY MANAGER	
Landlord/Property Manager Name:			
Mailing Address:			
Email Address:		Phone Number:	
Is the tenant a family member or friend?		Yes	No
Does the tenant have a rental subsidy (e.	g. housing voucher)?	Yes	No
Has the tenant moved in?		Yes	No
Pro-Rated Rent, if applicable	\$		
Monthly Rent	\$		
Security Deposit	\$		
Pet Deposit, if applicable	\$		
Rental Subsidy, if applicable	\$ Source	e:	
TOTAL Amount Required to Move-In:	\$		
PAID by Tenant:	\$ Check Money (Order/Cashier's Check	Cash (attach receipt)
Balance DUE, if applicable:	\$	Diden/Cashier's Check	Cash (allach receipt)
IF PAYMENT IS DUE, SUBMIT A COMPLETED W9 FORM WITH RENTAL AGREEMENT			
HTTPS://DOA.ALASK	A.GOV/DOF/FORMS/RES	OURCE/SUB_FORM_V	<u>V9.PDF</u>
I declare under penalty of perjury that best of my knowledge. I also understa incomplete or misleading, I may be su	nd that if I have provided	l information that is fal	•
Landlord or Property Manager Signature:		Date:	

Return completed form to the Violent Crimes Compensation Board (VCCB)