



VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

VICTIM COMPENSATION PROGRAM
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 Fax Number: (916) 323-2669
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VCP Rental Agreement

Instructions: The landlord must complete this rental agreement in full.

I, _____ (lessor/landlord), agree to rent a residence/room to: _____ and _____ (lessee/claimant), at the following address:

_____ beginning, _____.

I require payment as follows:

\$	First month's rent
\$	Last month's rent, if applicable (If established residence, not reimbursable.)
\$	Deposit, if applicable (If established residence, not reimbursable.)
\$	Utility deposit, if applicable (e.g. electric/gas/water, but not to include cable)
\$	Total due at the time of move in Paid by: __ Check __ Cash __ Money Order

Note: If this agreement is for rental of a room in an established residence, a utility statement including the address of the residence is required.

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true, correct, and complete to the best of my knowledge.

Your signature designates you have read and agree with the above statement.

Signature (Landlord)	Date

Payee/landlord: _____
 Telephone Number: _____
 Address: _____
 City/State/Zip _____
 Tax I.D. or Social Security No. of Payee _____
 (Tax I.D. number same as registered with Internal Revenue Service)