STATE OF CALIFORNIA

EXONERATED PERSON HOUSING ALLOWANCE

CDCR 100 (Rev. 04/24)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

SECTION I - Claimant Information

You are eligible to receive reasonable housing assistance for up to four (4) years, as specified in PC 3007.05(i)(2) and (3). All fields must be completed, as applicable.

Name (Last, First, Middle)			Suffix (e.g., Jr., III)
Mailing Address	City	State	Zip Code
Former CDCR Number	Phone Number	E-mail Address	Date of Exoneration

SECTION II - Payment Request

When completing Section II, check the appropriate reimbursement type. Select "Initial" if this is the first time you will be requesting reimbursement at this address If this is not an initial reimbursement, select "Ongoing." For ongoing reimbursements, this form must be submitted monthly by the 10th of each month to ensure payment by the 1st of the following month. Select "Final" for the last reimbursement requested for this address. Enter the month and year for which you are requesting reimbursement. If you are requesting partial month reimbursement, enter the start and end dates as well as the number of days. The number of days is calculated by subtracting the start date from the end date and adding one. For example, December 11th through December 30th is 20 days (30-11+1=20). All receipts must include the address, monthly rental rate, date, amount paid, your name, and name of the establishment or name and signature of the landlord. If renting a shared space, reimbursement will be based on a prorated share for the housing type and address. For a mortgage, the supporting documents must include information stating which portion is the principal and interest. The housing allowance does not include taxes and insurance. If you move during the calendar month, you will need to file two forms, one for the previous address and one for the new address (change of zip code affects reimbursement rates). Reimbursement rates are subject to verification and limits established in PC 3007.05(i)(3).

Reimbursement Type (select one): ☐ Initial ☐ Ongoing ☐ Final

☐ Full Month For the Month of (mm/yyyy)	☐ Partial Month Partial Month Start (mm/dd/yyyy)	Partial Month End (mm/dd/yyyy)	Number of Days

Housing Address:	Street Address	City	State	Zip Code

Housing Type (select one):			
☐ Hotel/Motel	Name of Hotel/Motel	Monthly Rate Paid (including all taxes)	
☐ Rental Unit	Rental Unit Type (e.g., Apartment/House/Room)	Monthly Rent Paid	
☐ Mortgage	Mortgage Principal and Interest Only (does not include taxes and insurance)		

Housing Size:	Total Number of Residents	Total Number of Dependents	Number of Bedrooms

NOTE: If you are a non-custodial parent that has shared custody/overnight visitation, include the children in the "Total Number of Dependents" section if you are required to have a separate bedroom(s) for them.

I claim and certify the above information is true and correct, and the requested amount in Section II is the actual amount paid for the period listed. I have attached the required supporting documents to include a receipt, mortgage statement, canceled check, rental agreement, or payment coupon. I understand that a claim not containing proper supporting documentation will be returned unpaid.

Claimant Name	Signature	Date

Send all originals (completed form and supporting documents) to:

CDCR Division of Adult Parole Operations
Reentry Coordination Program
9838 Old Placerville Road
Sacramento, CA 95827

SECTION III - CDCR Verification and Approval (to be completed by CDCR)

I have reviewed this request and supporting documents and authorize the disbursement of funds allowed per PC 3007.05(i)(2) and (3) as follows:

Amount Requested	Allowable Maximum for Housing Type	Amount Approved

Approver Name	Signature	Date

Title	Phone Number

SECTION IV - Accounting Use Only

Vendor Number	SAP Document Number	Date

DISTRIBUTION Original: Reentry Coordination Program **Copies:** Exonerated Person, Accounting Services Branch - Bakersfield