



Documentation Request: **Loss of Support**

Date Printed:
Claim No.:
Victim:
Claimant:
Claims Investigator:

This enclosure outlines the eligibility criteria for Economic Support benefits.

Loss of Support (e.g., victims of family violence): This benefit applies to the eligible victims who are legally dependent for his or her financial support by the adult offender who contributed to the household income. The following categories may be considered a legal dependent: spouse, child, or a person covered under the offender's health insurance or listed as a dependent on the offender's Federal Tax Return Transcript. To apply for Loss of Support benefits, please provide the following documentation:

Required Documents

<input type="checkbox"/>	Proof the offender provided financial support to the dependent's home at the time of the victimization. (For example, mortgage statement/lease agreement or utility bill with offender's name on it where the victim was residing, child support payment summary, proof of coverage through the offender's health insurance, offender's Federal Tax Return Transcript listing the victim as a dependent, etc.)
<input type="checkbox"/>	Proof of at least 60 days of the offender's income prior to the victimization. If the offender was employed less than 60 days prior to the victimization, send all proof of income since their hire date (For example, Pay Stubs, Payroll History, W-2 Form, Federal Tax Return Transcript, etc.)
<input type="checkbox"/>	Copy of Valid Business License/Permit/Occupational License, if applicable (submit if the offender was self-employed at the time of the victimization).
<input type="checkbox"/>	Proof you have applied for applicable government assistance (For example, TANF, WIC, etc.).
<input type="checkbox"/>	Proof the offender is no longer in the home (For example, Temporary Protective Order, bond order, inmate summary report, etc.).
<input type="checkbox"/>	Proof of employment. The offender's employer may submit A) the enclosed Employment Verification Form along with their business card or B) a letter on business letterhead with their business contact information stating the following: <ol style="list-style-type: none">1. Offender's date of employment2. Hourly wage3. Number of hours worked per week

Please Note: Additional documentation may be requested once the above information has been received and reviewed.

Loss of Support (victims of family violence) Rev.10.16.18