

Request for AmeriCorps VISTA Relocation Assistance Form

AmeriCorps VISTA requires VISTA members to submit this form to obtain financial assistance for relocation. Members must complete and submit this form to VMSU@americorps.gov

The allowance for relocation is financial assistance to help offset the costs associated with relocating to a new community for VISTA service. The assistance consists of a one-time Settling-In Allowance of \$750 and a Relocation Travel Allowance. The Relocation Travel Allowance is based on the direct mileage between your physical address immediately prior to relocation and your VISTA project site's address. This allowance is calculated at \$0.40 per mile and is paid eight to ten weeks after your relocation voucher is approved.

VISTA candidates and members are eligible for relocation assistance if they:

1. are enrolled for a 12-month term of service, AND
2. relocate more than 50 miles from their physical address immediately prior to relocation, to the physical address of your project site.

If you are eligible, and have relocated, or will relocate prior to starting service, please complete and sign this form and return it to VMSU@americorps.gov.

By completing and signing this form, you are certifying that you have relocated, or will relocate prior to starting service.

AmeriCorps VISTA will review your completed form upon receipt, and if eligible, will begin processing your Relocation Allowance funds after you have been activated for service. Please be advised that if you receive Relocation Assistance, but do not relocate for service, AmeriCorps may seek to recoup those funds.

Please provide the following addresses:

Physical Address Relocated/Relocating FROM:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Project Site Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

CERTIFICATION

By typing your name in the signature block, you are certifying that you have relocated for service, or will be relocating prior to starting service, with AmeriCorps VISTA and that you understand that if you do not relocate that AmeriCorps may seek to recoup relocation assistance funds from you.

I, _____, hereby certify that I have relocated, or will be relocating prior to the start of service, with AmeriCorps VISTA. I understand that AmeriCorps may seek to recoup relocation assistance funds from me if I do not relocate.

Signature:

Date: