



## City of Fairfax

Finance Department

### Rent Tax Relief

10455 Armstrong Street Room 312  
Fairfax, VA 22030  
(703)359-2486

February 10, 2025

Dear City of Fairfax Resident,

Enclosed you will find the City of Fairfax 2025 Rent Relief application and instructions. Please read the following important information:

1. Please call the Tax Relief Program Administrator to schedule an appointment (703-359-2486). First-time applications must be submitted in person.
2. **First-time applications for Totally and Permanently Disabled can be submitted at any time with no deadline.**

TO BE ELIGIBLE FOR RENT RELIEF, APPLICANTS MUST:

Be one or both of the following:

- 65 or older
- Totally and Permanently Disabled (documented proof required).

**AND**

- 2024 Total Household Qualifying Income cannot exceed \$40,000.
- 2024 Net Worth Maximum cannot exceed \$150,000.

Upon approval, Rent Relief of 10% of Annual Rent Paid (up to \$2,000) will be granted to qualifying applicants. Enclosed is an application for the tax year 2025 Rent Relief for the Elderly, or Persons with Disabilities. If you believe that you qualify under this program, please complete the application and bring it to the program administrator, at the Finance Department, City Hall, **10455 Armstrong St., Room 312**, by 5:00 pm, Tuesday, APRIL 15, 2025.

Delivery options: Drop off at the Finance office OR the Treasurer's Drop Box, located by the front entrance to City Hall, OR postmarked by April 15, 2025, if mailed.

To qualify for Rent Relief, you **must** re-apply **each and every year**.

Sections A and B (income) can be completed with information from your 2024 Federal and State income tax returns. All applicants, and other household members, must submit a copy of their **signed** 2024 Federal Income Tax Return with ALL related schedules and attachments. If you are not required to file a Federal Tax return, this provision does not apply to you.

If you have any questions or need any assistance, please call the Finance office at (703) 359-2486. **First time applicants are required to present a picture ID.**

## RENT RELIEF APPLICATION

### I. Please complete for all persons residing at residence:

	Name	Relationship	Date of Birth	Social Security #
1		Applicant		
2		Spouse		
3				
4				
5				
6				

### II. Please complete this section:

7	Address:	Cell Phone Number:
8	Home Phone:	Email Address:
9	Date moved to this address:	Total 2024 Rent paid at this address:
10	List other address(es) lived in during the 2024 Calendar Year:	

Please furnish rent receipts, cancelled checks (1st month & 12th month), or a letter from your apartment management stating rent amount paid by you for the year 2024. Rent receipts and cancelled checks will be returned to you after review.

### Income Section

#### A. Income - Complete For Applicant And Spouse Only

		Applicant	Spouse
11	Salary, Wages, Tips	\$	\$
12	Social Security (before Medicare deduction)		
13	Interest Income		
14	Dividends (Income From Stock)		
15	Pension, Annuity, Ira/401(k)		
16	Rent Identified On Back Of Form		
17	Capital Gains		
18	Other Income – Alimony, Child Support, Etc.		
19	Disability Exemption (If Applicable) (\$10,000)	< >	< >
20	<b>Total Income (Add Lines 11 Through 19)</b>	\$	\$
21	<b>Total Combined Incomes (Section A)</b>		

#### B. Income - Complete For Related Persons Living In Household

		Related Person	Related Person
22	Salary, Wages, Tips	\$	\$
23	Social Security (before Medicare deduction)		
24	Interest Income		
25	Dividends (Income From Stock)		
26	Pension, Annuity, IRA/401(k)		
27	Capital Gains		
28	Other Income – Alimony, Child Support, Etc.		
29	Income Exemption	< >	< >
30	<b>Total Income (Add Lines 22 Through 29) Related Persons</b>	\$	\$
31	<b>Total Income Combined Income (Section B)</b>		
32	<b>Total Combined Incomes (Sections A &amp; B)</b>	\$	

### Asset Section

C. Assets – List Real Estate Owned Other Than Residence				
	Address			Market Value
33				
D. Assets – List Value Of Motor Vehicles, Boats, Etc.				
	Year	Make & Model		Market Value
34				
35				
36				
37		Total Auto, Boats, Etc. Values -->		\$
E. Assets – List Cash Value Of Assets Listed Below				
			Applicant	Spouse
38	Savings Accounts		\$	\$
39	Certificates Of Deposit			
40	Checking Accounts			
41	Money Markets			
42	Retirement Accounts – (e.g. 401(k), 457(b))			
43	Mortgage Or Rent Receivable To Applicant and Spouse			
44	Cash Value Of Annuity			
45	Other Notes, Etc. Receivable To Applicant and Spouse			
46	Stocks And Bonds			
47	Total (Section E.) Assets (Lines 38 - 46)		\$	\$
48	Combined Assets (Applicant & Spouse) Sections C, D, E		\$	

### Liabilities Section

F. Liabilities / Unpaid Bills As Of December 31, 2024			
	Liabilities	Applicant	Spouse
49	Notes Payable	\$	\$
50	Accounts Payable (e.g. Bills, Charge Accounts)		
51	Taxes Due (Federal, State, Other)		
52	Other Debts		
53	Real Estate Mortgages		
54	Other		
55	Total Liabilities For Applicant & Spouse (Add Lines 48 Through 54)	\$	\$
Combined Liabilities (Applicant & Spouse)		\$	
Combined Net Worth (Subtract Total Combined Liabilities From Total Combined Assets)		\$	

### AFFIDAVIT

The undersigned hereby affirm(s) that the statements, and any information provided to the City in connection with the above application/recertification, are true, correct, and accurate to the best of my/our knowledge and belief as of this date. I/we also understand and agree that to the extent any information provided materially changes or otherwise results in exceeding or violating the limitations and conditions set forth in applicable provisions of the Code of the City of Fairfax, Virginia (and specifically Chapter 90, Division 3 thereof) that any current exemption provided thereunder shall be nullified. Further, I/we expressly acknowledge that any materially false information provided may result in criminal liability pursuant to applicable law.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

CO-APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

*Written notification* of approval or denial of this application will be mailed to the applicant. All information on the application is confidential and not available for public inspection.

Applicants must provide complete documentation of all income received by the owner (applicant), spouse, and related person(s). The "Application Documentation" is listed at the bottom of this page.

Income figures can be found on the 2024 Federal and State Income Tax Returns.

The combined gross (before taxes) annual income for the 2024 calendar year of the applicant, spouse and all relatives residing in the household may not exceed \$40,000. The first \$6,500 of income of each **relative** other than the spouse shall not be included in the \$40,000 rent relief total. For persons with disabilities, the first \$7,500 of **disability income** shall not be included in the \$40,000 total.

Assets Section C, D and E of Application

Applicants must provide final 2024 statements, as of December 31, 2024, from banks, stockbrokers, financial institutions, or investors who control or manage their money market accounts, certificates of deposit, stocks, bonds, checking accounts, savings accounts, retirement accounts, etc. This information must be included with the application.

*\*Note that stock and real estate should be valued at market value, not original costs.*

Liabilities Section F of Application

If the total assets (Line 46) are less than \$150,000, skip the Liabilities/Unpaid Bills section (F). Otherwise, proof of liabilities/unpaid bills due in December 2024 must be furnished.

#### Required Documents

The Applicant (Renter), spouse, and related persons must submit a copy of their signed 2024 Federal Income Tax Return including all schedules and attachments, unless the applicant(s) and/or household members are not required to file a Federal Income Tax Return. In that case, only proof of income, assets, and/or liabilities is required.

Application Documentation (All required if applicable. List below is not all-inclusive.)

#### *Income Source Documents:*

Federal Income Tax Returns, W-2 Forms, 1099 Forms, Interest, Dividends and Capital Gains statements, Pensions and Annuities statement, Social Security statement, Rental Income, Alimony, Child Support, Disability Benefits statement.

#### *Asset Source Documents:*

IRAs, 401(k), 457(b), etc., Cash value of Annuities, Checking and Savings Accounts, Stocks, Bonds, Mutual Funds, etc., Money Market, Certificates of Deposits, Real Estate (assessed value), Motor Vehicles, Boats.

#### *Liability Source Documents:*

Mortgage Statement, Credit Card Statements, Copies of Unpaid Bills.

All documents should be for the calendar year 2024 (as of December 31, 2024).

Please note that this list of required documents is not exhaustive, and the City reserves the right to request additional supporting documentation. Failure to provide all required documentation, including additional documentation that may be requested by the City, will result in the denial of your application.

Please be assured that your application and supporting documentation are confidential and not subject to the provisions of the Virginia Freedom of Information Act.

#### Disability Rent Relief Requirements

If the applicant is seeking rent relief based on permanent and total disability, they must provide certification from one of the following sources:

- ❑ Social Security Administration, Veteran's Administration, or Railroad Retirement Board
- ❑ Two licensed medical doctors from different practices in Virginia certifying that the applicant is Totally and Permanently Disabled as defined in Sections 70-35(b) and 90-75(b) of the City Code.

*\*Note that possession of a Motor Vehicle Handicapped placard does not serve as proof of being totally and permanently disabled.*

#### Disqualifying Factors

The following factors, while not limited to, may disqualify applicants from receiving Rent Relief:

- Residents receiving Public Assistance.
- Residents of rental properties owned and leased by the Redevelopment and Housing Authority or by HUD.
- Persons already receiving assistance under another rent relief program.
- Renter - Applicant not listed as primary lessee by December 31 of the previous year.
- Disability - Proof of Totally and Permanently Disabled not received.
- Insufficient income documentation.
- Insufficient assets documentation.
- Exceeds maximum income allowed.
- Exceeds maximum net worth allowed.
- Missing supporting documents.

#### Methods of Submission

- **Mail** - Submit your application and all supporting documentation to 10455 Armstrong Street, Room 312, Fairfax, VA 22030.
- **Email** - Submit your application and all supporting documentation to [taxrelief@fairfaxva.gov](mailto:taxrelief@fairfaxva.gov).
- **Drop Off** - You can drop off your application and supporting documents in the Treasurer's Drop Box, located at the front of City Hall on Armstrong Street, by the flagpole.
- **In-Person** - You can submit your application in person by appointment only. Please call 703-359-2486 to schedule an appointment.

For first-time applicants, a valid photo ID is required and must be presented in person at your appointment, so only in-person submission is acceptable. If you're a first-time applicant, please bring your completed application and all supporting documentation to your appointment.