

**APPLICATION FOR 2019 RENT RELIEF
FOR THE ELDERLY OR PERSONS WITH DISABILITIES**

Enclosed is an application form for the tax year 2019 Rent Relief for the Elderly, or Persons with Disabilities. If you believe that you qualify under this program, **PLEASE COMPLETE THE APPLICATION AND MAKE AN APPOINTMENT TO BRING IT TO PROGRAM ADMINISTRATOR, FINANCE DEPARTMENT AT CITY HALL, 10455 ARMSTRONG STREET, ROOM 312, before Monday, APRIL 15, 2019.**

IN ORDER TO QUALIFY FOR RENT RELIEF, YOU MUST FILL OUT AN APPLICATION EACH AND EVERY YEAR.

Sections A and B (income) can be completed with information from your **2018 Federal and State income tax returns**. All applicants, and other household members, must submit a copy of their **signed 2018 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. The **maximum limits** for this program are:

Household Net Worth \$150,000
Household Rent Relief Income Up to \$40,000
Household Rent Relief Grant...10% of Annual
Rent Paid up to \$2,000

The first \$7,500 of disability income is exempt from the \$40,000 income maximum, as is \$6,500 per relative (other than spouse) living in the household.

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

Sincerely,



David E. Hodgkins
Director of Finance, Finance Department

Program Administrator, Finance Department
City Hall
10455 Armstrong Street
Fairfax, Virginia 22030
Phone: (703) 359-2486

Application Date: _____

**APPLICATION FOR 2019 RENT RELIEF FOR THE
ELDERLY OR PERSONS WITH DISABILITIES**

I/we wish to apply for the following Relief Program: (Check the appropriate box)

1. **Rent Relief for the Elderly**
The applicant or spouse (living in the same household) is 65 years old or over and living in the City of Fairfax on December 31, 2018.
2. **Rent Relief for Persons with Disabilities** (see below)

DISABILITY REQUIREMENT

If this application for rent relief is based on permanent and total disability, the applicant must produce a certification from the Social Security Administration, Veteran's Administration, the Railroad Retirement Board **OR** two medical doctors licensed to practice in Virginia, that the applicant is permanently and totally disabled, as defined in Sections 70-35(b) and 90-75(b) of the City Code. A motor vehicle handicapped sticker, issued by the DMV, is not considered a proof of disabilities.

INSTRUCTIONS TO ALL APPLICANTS

The applicant must provide evidence (cancelled checks) of rent paid during the 2018 year.

All applicants must fill out an application for rent relief each and every year for which they are applying for assistance.

The following are **not** eligible for Rent Relief:

1. Residents of rental properties owned and leased by the Redevelopment and Housing Authority, or by HUD.
2. Residents of a non-profit facility whose owners are exempted from payment of real estate taxes.
3. Public assistance recipients.
4. Persons already receiving assistance under a tax or rent relief program.

The combined gross (before taxes) annual income for the 2018 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.

The net worth of the applicant and his/her family may not exceed \$150,000.

Required Documentation:

1. **APPLICANTS, SPOUSES AND OTHERS LIVING IN THE HOUSEHOLD MUST SUBMIT A COPY OF THEIR SIGNED 2018 FEDERAL INCOME TAX RETURN INCLUDING ALL SCHEDULES AND ATTACHMENTS.**
2. If you receive **SOCIAL SECURITY** benefits, you must submit a copy of your **Social Security statement for 2018.**
3. Also include copies (or originals from which copies may be made by the Finance office) of all **interest, dividend, annuity, stocks, bonds, pensions, certificates of deposit, or any other income statements** received by you and household members, for the 2018 calendar year.

PROCESSING AND NOTIFICATION

The information required on this application must be filled out in its entirety and returned to Program Administrator, Finance Department, City Hall, 10455 Armstrong Street, Fairfax, Virginia 22030. **Applications for this current year should be filed no later than 5:00 P.M. on MONDAY, April 15, 2019.** Spaces on the application that are not applicable to the applicant should be completed as "Not Applicable" (N/A), or "0" as indicated by the question. Questions that cannot be answered within the space provided may be answered by attaching additional sheets to this application.

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. For information and assistance regarding this program, please call (703) 359-2486.

NEW APPLICANTS MUST SHOW A PICTURE ID

ALL APPLICANTS – PLEASE COMPLETE EACH SECTION OF THE APPLICATION.

I. PLEASE COMPLETE FOR ALL PERSONS RESIDING AT RESIDENCE				
	NAME	RELATIONSHIP	DATE OF BIRTH	SOC. SEC. #
1.		APPLICANT		
2.		SPOUSE		
3.				
4.				
5.				
6.				
II. PLEASE COMPLETE THIS SECTION				
7.	ADDRESS:			
8.	HOME PHONE NUMBER:		CELL PHONE NUMBER:	
9.	MAILING ADDRESS (If different from residence):			
10.	DATE MOVED TO THIS ADDRESS:		TOTAL 2018 RENT PAID AT THIS ADDRESS: \$	
11.	LIST OTHER ADDRESS(ES) LIVED IN DURING THE 2018 CALENDER YEAR:			
<p>PLEASE FURNISH RENT RECEIPTS, CANCELLED CHECKS, OR A LETTER FROM YOUR APARTMENT MANAGEMENT STATING RENT AMOUNT PAID BY YOU FOR THE YEAR 2018. RENT RECEIPTS AND CANCELLED CHECKS WILL BE RETURNED TO YOU AFTER REVIEW.</p>				

THE FOLLOWING APPLIES TO ALL APPLICANTS. PROOF OF ALL GROSS HOUSEHOLD INCOME FOR 2018 YEAR MUST BE FURNISHED.

A. COMPLETE FOR APPLICANT AND SPOUSE ONLY (INCOME)

		APPLICANT	SPOUSE
12.	SALARY, WAGES, TIPS	\$	\$
13.	SOCIAL SECURITY (INCLUDE MEDICARE)		
14.	INTEREST INCOME		
15.	DIVIDENDS (INCOME FROM STOCK)		
16.	PENSION, ANNUITY, IRA/401K		
17.	RENT(S) IDENTIFY ON BACK OF FORM		
18.	CAPITAL GAINS* (SEE BELOW)		
19.	OTHER INCOME – ALIMONY, CHILD SUPPORT		
20.	DISABILITY EXEMPTION (IF APPLICABLE)	< >	< >
21.	TOTAL INCOME (ADD LINES 12 THROUGH 20)	\$	\$

B. COMPLETE FOR RELATIVES LIVING IN HOUSEHOLD (INCOME)

		RELATIVE 1	RELATIVE 2
22.	SALARY, WAGES, TIPS	\$	\$
23.	SOCIAL SECURITY (INCLUDE MEDICARE)		
24.	INTEREST INCOME		
25.	DIVIDENDS (INCOME FROM STOCK)		
26.	PENSION, ANNUITY, IRA/401K		
27.	CAPITAL GAINS* (SEE BELOW)		
28.	OTHER INCOME – ALIMONY, CHILD SUPPORT		
29.	INCOME EXEMPTION ALLOWED	<\$6,500>	<\$6,500>
30.	TOTAL INCOME (ADD LINES 22 THROUGH 29)		
31.	TOTAL COMBINED INCOMES (ADD LINES 21 & 30)	\$	\$

ASSETS AS OF DECEMBER 31, 2018 (C, D & E)

C. ASSETS – LIST ANY REAL ESTATE OWNED (as of 12/31/2018)

	ADDRESS	MARKET VALUE
32.		

D. ASSETS – LIST VALUE OF MOTOR VEHICLES, BOATS

	MAKE and MODEL	YEAR	VALUE
33.			\$
34.			
35.			

*Any increase in the value of stock or real estate between the time it was bought and the time it was sold.

**PROOF OF ASSET INFORMATION
AS OF DECEMBER 31, 2018 MUST BE FURNISHED**

E. ASSETS – LIST CASH VALUE OF <u>ASSETS</u> LISTED BELOW			
		APPLICANT	SPOUSE
36.	SAVINGS ACCOUNTS	\$	\$
37.	CERTIFICATES OF DEPOSIT		
38.	CHECKING ACCOUNTS		
39.	MONEY MARKETS		
40.	STOCKS AND BONDS (ATTACH SEPARATE LIST)		
41.	MORTGAGE OR RENT PAYABLE TO APPLICANT		
42.	CASH VALUE OF ANNUITY		
43.	OTHER NOTES, ETC. PAYABLE TO APPLICANT		
44.	RETIREMENT ACCOUNTS – (i.e., 401K, 457)		
45.	TOTAL COMBINED ASSETS (LINES 32 THROUGH 44)	\$	\$
46.	COMBINED ASSETS (Applicant & Spouse)	\$	

NOTE: SKIP THIS NEXT SECTION (F) IF TOTAL ASSETS (Line 45) ARE LESS THAN \$150,000

F. LIST ONLY UNPAID BILLS AS OF DECEMBER 31, 2018			
LIABILITIES		APPLICANT	SPOUSE
47.	NOTES PAYABLE (IDENTIFY)	\$	\$
48.	ACCOUNTS PAYABLE (BILLS, CHARGE ACCOUNTS)		
49.	TAXES DUE (FEDERAL, STATE, OTHER)		
50.	OTHER DEBTS (SPECIFY)		
51.	REAL ESTATE MORTGAGES (Monthly payment)		
52.	OTHER		
53.	TOTAL LIABILITIES FOR APPLICANT & SPOUSE (ADD LINES 47 THROUGH 52)	\$	\$
COMBINED LIABILITIES (Applicant & Spouse)		\$	
COMBINED NET WORTH (SUBTRACT TOTAL LIABILITIES FROM TOTAL COMBINED ASSETS)		\$	

AFFIDAVIT

Comes now _____ of legal age, having sworn and on my oath state the foregoing statements are true and accurate to the best of my knowledge and belief and I understand that any factor occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided by Chapter 70, Article 1, Sections 31 through 39, of the Code of the City of Fairfax, Virginia, amended, shall nullify an exemption for the current taxable year, and may be subject to fines.

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____