

REAL ESTATE TAX RELIEF 2009 APPLICATION



Department of Human Services
3033 Wilson Blvd., Suite 300A, Arlington, Virginia 22201
Tel: 703.228.1350 Fax: 703.228.1011 TTY: 703.228.1398 www.arlingtonva.us/grants

General Requirements

All owners of the property must:

- Be at least 65 years of age or permanently and totally disabled (except for a spouse).
- Have title to and live in the property as of December 31st, 2008
- Occupy the dwelling as their sole residence.

Please submit your application no later than **March 15th** for a timely adjusted bill. The final deadline to apply is August 15th. No applications will be accepted after **August 15th**.

Please see Frequently Asked Questions for more information

Checklist of Items to be Submitted

- 2008 Federal Income Tax Return including Schedules (B-F) and Attachments for each person who filed
- All W-2's & 1099's (social security, civil service, other income)
- All 1099-R (for Pension, Retirement Accounts, Annuity, Profit-Sharing, Insurance Contracts)
- All 1099-INT or DIV/Distributions
- All December 2008 Financial/Bank account Statements
- Tax Assessment for any OTHER real estate (excludes your primary residence in Arlington)
- All sections of the application completed for each household member and amounts placed in each item circled "YES"
- Application signed by applicant and spouse (if applicable)
- Personal Property (vehicle) assessments-optional

APPLICANT: Please enter the following information:

Applicant/Owner : _____

First Name	Middle Name	Last Name	Date of Birth MM/DD/YYYY	Social Security #
------------	-------------	-----------	-----------------------------	-------------------

Spouse: _____
(if living in home)

First Name	Middle Name	Last Name	Date of Birth MM/DD/YYYY	Social Security #
------------	-------------	-----------	-----------------------------	-------------------

Applicant's Address: _____

Number and Street	Unit #	City and State	Zip Code
-------------------	--------	----------------	----------

Telephone No.: _____

Home	Work	Cell	Email Address
------	------	------	---------------

If you do **not** receive a full exemption, or you receive a deferral only, you will owe taxes unless you choose to defer (delay) payment of the balance. Do you want to defer payment of your taxes if you do **not** receive a full exemption? (see frequently asked questions for more information)

Please circle one: YES NO If YES, what percent of the remaining taxes do you want to defer? _____%

Complete the following for all other relatives (by blood, adoption or marriage) who live in the home as of December 31, 2008

First Name	Last Name	Relationship	Date of Birth MM/DD/YYYY	Social Security #
------------	-----------	--------------	-----------------------------	-------------------

First Name	Last Name	Relationship	Date of Birth MM/DD/YYYY	Social Security #
------------	-----------	--------------	-----------------------------	-------------------

First Name	Last Name	Relationship	Date of Birth	Social Security #
------------	-----------	--------------	---------------	-------------------

All information provided will be kept strictly confidential

In the chart below, **CIRCLE YES or NO** to each question and indicate income and assets for each household member as of **December 31, 2008**. If you CIRCLE YES, **enter the total AMOUNT of the income or asset as of December 31, 2008, in the box**. If you have a joint account, list the total amount under one person, and indicate "JOINT" for the other account holder in their amount column. **Please answer all questions.**

	NAME	Applicant/Owner			Spouse/Relative1			_Relative 2			Relative 3		
		YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
I N C O M E	Salary/Wages	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Social Security/Railroad Retirement	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Annuity Distributions	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Pension/Retirement	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Veterans Benefits/Disability	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Retirement Account Distributions	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Interest	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Dividends	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Capital Gains	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Rental Income	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Business Income	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Royalties/Partnership Income	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Unemployment/Workmen's Comp	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
Other income—Please List:	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$	

A S S E T S	Cash on Hand	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Savings Accounts	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Checking Accounts	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Money Market Accounts	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Certificates of Deposit	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Retirement Accounts (IRA, 401K, TSP etc.)	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Annuities—Cash Value	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Stocks, Bonds, Mutual Funds	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Life Insurance—Cash Value	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Other Real Estate Owned (Provide 08 tax assessment)	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
	Other Financial Accounts	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
Vehicles (List year, make, & model)	YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$	

All owners have lived in this home since December 31st, 2008. Please circle one: YES NO

I hereby request Real Estate Tax Relief and certify that the all statements are true and correct for myself and all household members. I understand that if I give false information or withhold information, I may be prosecuted.

My/our signature(s) below authorizes Staff to obtain verification or contact any individual/organization necessary to establish my/our eligibility for Real Estate Tax Relief. I/we also understand that failure to cooperate with any review of my/our eligibility may cause the application to be denied. All information is kept confidential.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF SPOUSE (if living in the home) _____ DATE _____

Completed on Behalf of Applicant by: _____
 Printed Name _____ Signature _____ Date _____

Relationship to Owner/Resident _____ Phone _____ Address _____