



# HOUSING GRANTS APPLICATION FOR RENTERS

Mail to: 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

## General Requirements

Please check all that apply:

- I am aged 62 or older    **OR**     I am permanently and totally disabled OR a client of the Arlington Mental Health or Substance Abuse Programs    **OR**     Our household has employed adults and children under 18 years old

If you cannot check one of the above, you will not be eligible for this program

You must reside in Arlington County, have a lease in your name by the time of approval, and meet the income and asset limits

### Please answer the following questions

- Are you in the process of looking for a new place to live?  
 YES  NO
- Do you have a current lease in your name?  
 YES  NO
- What is your total current rent? \$\_\_\_\_\_per month.
- Are you or your family currently receiving services through Arlington County?  
 YES  NO If YES, Worker's name\_\_\_\_\_
- Have you or any other household member(s) sold, transferred, or given away any real property (house, land, buildings) or personal property within the past six months?  
 YES  NO If YES, list address & date \_\_\_\_\_

\*if you are looking for an apartment and need an estimate of the amount of the Housing Grant you may be eligible to receive, let us know

### Checklist for a Complete Application

- You plan to or currently rent in Arlington County, Virginia- Submit a copy of your entire lease\*
- Copies of Social Security cards for everyone in the home (unless previously provided)
- Recent pay stubs from current employer(s)
- Copy of current award letter or benefit statement verifying the amount of Social Security, Veterans Benefits, Retirement Benefits, Unemployment or other pension/retirement (if applicable)
- Proof of all money you receive from family, friends, organizations, & other sources including educational loans, grants, scholarships or other aid (if applicable)
- Proof of child support and/or alimony received (if applicable)
- Current account statements for all financial accounts
- Copy of your rent receipt or cancelled rent check

### APPLICANT: Please enter the following information:

1. Applicant \_\_\_\_\_

First Name	Middle Name	Last Name	Date of Birth MM/DD/YYYY	Social Security #
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Applicant's Address \_\_\_\_\_

Number and Street	Unit #	City and State	Zip Code
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Telephone No.: \_\_\_\_\_

Home	Work	Cell	Email Address
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### Complete the following for all other persons occupying this residence, child and adult

2.	First Name	Last Name	Relationship	Date of Birth	Social Security #
3.	First Name	Last Name	Relationship	Date of Birth	Social Security #
4.	First Name	Last Name	Relationship	Date of Birth	Social Security #
5.	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 **current** income and assets for each household member. If you CIRCLE YES, **enter the total amount** of the income or asset in the box. If you have a joint account, list the total amount for one person, and indicate "JOINT" for the other account holder in their amount column. **Please answer all questions.**

	NAME	1. _____ Applicant		2. _____ Spouse/Relative		3. _____ Relative		4. _____ Relative		5. _____ Relative	
		YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
<b>I N C O M E</b>	Salary/Wages	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Social Security/SSI	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Public Assistance	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Pension/Retirement/ Annuity	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Veterans Benefits/ Disability	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Retirement Account Distributions	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Interest/Dividends/ Capital Gains	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Child Support/Alimony	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Unemployment/ Workmen's Comp	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Business Income	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Loans/Grants/ Scholarships	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Family/Other Financial contributions	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Other income list:	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$

<b>A S S E T S</b>	Cash on Hand	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Savings/Money Market Accounts	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Checking Accounts	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Certificates of Deposit	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Retirement Accounts (IRA, Roth, TSP etc.)	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Annuities/Life Insurance—Cash Value	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Stocks, Bonds, Mutual Funds	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Other Financial Accounts	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Real Estate (current market value)	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
Vehicles (List year, make, & model)	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	

I hereby request Housing Grant benefits and certify that 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. I agree to pursue other types of assistance/benefits which may increase my household income, such as child support, unemployment compensation, social security benefits. My/our signature(s) below authorizes Staff to obtain verification or contact any individual/organization necessary to establish my/our eligibility for Housing Grant benefits. I/we also understand that failure to cooperate with any review of my/our eligibility may cause the application to be denied/closed.

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 Applicant \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_