



Housing Grant Application (for renters)

You must provide proof that you live in Arlington when you apply for this program

Check all that apply:

- I am aged 65 or older **OR** I am permanently and totally disabled OR an active client of the Arlington Behavioral Healthcare 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 qualify

Please answer the following questions

Please check "yes" or "no" for each question:	Yes	No	Additional Information
Are you in the process of looking for a new place to live?			What is your current monthly rent amount?
Do you have a current lease in your name?			
Have you ever received a Housing Choice Voucher?			If yes, where, and when did it stop?
Are you receiving services through Arlington County?			If yes, please indicate your worker's name:
Have you or any other household members sold, transferred, or given away any real property within the past 12 months.			If yes, explain where and what was transferred.
Is English your preferred language?			If no, which language?

Household Information

Applicant Address				
	<i>Street Address Only (Include Apt #) (No P.O. Box)</i>	<i>City / Town</i>	<i>State</i>	<i>Zip Code</i>
Applicant Contact Information				
	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>	<i>E-mail Address</i>

Complete for all persons occupying this residence including adults and children

Name First/Last	Relationship to Applicant	Social Security #	Birth Date MM/DD/YYYY	Complete for adults only – Optional; For statistical purposes only	
				Race - Check all that apply	Ethnicity
	APPLICANT			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

- Submit a copy of your entire lease. If you are looking for an apartment and need an estimate of the grant you may be eligible to receive, please let us know
- 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, and other sources including educational loans, grants, scholarships or other aid (if applicable)
- Recent pay stubs from current employer(s)
- Copies of Social Security cards for everyone in the home (unless previously provided)
- Proof of child support and/or alimony received (if applicable)
- Current statements for all financial accounts
- Copy of your rent receipt or cancelled rent check
- For additional household members, please complete another application

Additional Verifications will be requested once your application has been reviewed

CIRCLE "YES" or "NO" TO EACH QUESTION for EACH HOUSEHOLD MEMBER INCLUDING CHILDREN. If you circle "yes", enter the total amount of the income or asset. If you have a joint account, list the total amount for one person, and indicate "Joint" for the other in their amount column. **Please list money received from all sources, including family members, friends, and religious organizations.** For all "yes" answers, send proof.

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

A S S E T S	Cash on Hand															
	Savings/Money Market Accounts															
	Checking Accounts															
	Certificates of Deposit															
	Retirement Accounts (IRA, Roth, TSP etc.)															
	Cash Value of Annuities/Special Needs Trusts															
	Stocks, Bonds, Mutual Funds															
	Other Financial Accounts															
	Real Estate (current market value)															
	Vehicles (List year, make, & model)															

- 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 that I may qualify for which may increase my household income, such as, unemployment compensation, social security benefits and TANF.
- My/our signature below authorizes Staff to obtain verification or contact any individual/organization necessary to establish my/our eligibility for Housing Grant benefits.
- My/our signature below authorizes staff to give information about my/our Housing Grant amount to my landlord.
- 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	Signature of spouse (if living in the home)	Date
Completed on behalf of applicant by: (please print)	Signature	Date