ARLINGTON VIRGINIA

DEPARTMENT OF HUMAN SERVICES
Housing Assistance Bureau
2100 Washington Blvd., 3rd Floor, Arlington, VA 22204
TEL 703-228-1350 FAX 703-228-1169 TTY 711 www.arlingtonva.us

Housing Grant Application (for renters)

Check all that apply: □ I am aged 65 or older	**OR**	□ I am permanently and totally disabled *If you cannot check one of the above, you will not qualify*	**OR**	□ Our household has employed adults and children under 18 years old

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?
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.
Please indicate your preferred language?			English ☐ Spanish ☐ Other ☐
Would you like to add an authorized representative who can speak, apply, or make changes on your behalf?			If so, please complete attached Release of Information.

Household Information

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

Complete for all persons occupying this residence including adults and children

Name First/Last	Gender (Optional)	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**
	☐Male ☐Female	*APPLICANT*			☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander	☐ Hispanic or Latino ☐ Not Hispanic or Latino
	☐Male ☐Female				☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander	☐ Hispanic or Latino ☐ Not Hispanic or Latino
	☐Male ☐Female					
	☐Male ☐Female					
	☐Male ☐Female					
	☐Male ☐Female					

CIRCLE "YES" or "NO" TO EACH QUESTION for EACH HOUSEHOLD MEMBER INCLUDING CHILDREN. For all "yes" answers, send proof.

	NAME	1. _____ Applicant			2. _____ Spouse/Relative			3. _____ Relative			4. _____ Relative			5. _____ Relative		
INCOME	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	$
	TANF	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/Self-employment Income	YES	NO	$	YES	NO	$	YES	NO	$	YES	NO	$	YES	NO	$
	Receiving 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	$

If you have a joint account, list the total amount for one person, and indicate "Joint" for the other in their amount column. For all "yes" answers, send proof.

ASSETS	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	$
	Cash Value of Annuities/ Special Needs Trusts	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)	
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