



DEPARTMENT OF HUMAN SERVICES

Housing Assistance Bureau

2100 Washington Blvd., 3rd Floor, Arlington, VA 22204

TEL 703-228-1350 FAX 703-228-1169 TTY 703-228-1398 www.arlingtonva.us**2026 ARLINGTON COUNTY REAL ESTATE TAX RELIEF APPLICATION****FILING DEADLINE - See back page for instructions and more information**

The 2026 filing deadline is November 16, 2026. Please file by March 31, 2026, to receive a timely adjusted bill.
It is best to file as early in the year as possible, even if you do not have all the required documentation.

You will be contacted by mail regarding any additional documentation needed to process your application.

Late applications may be accepted in certain hardship situations. Call 703-228-1350 for more information, if needed.

MINIMUM AGE OR DISABILITY REQUIREMENT

I am the homeowner/applicant and I am Age 65 or over and/or Permanently and Totally Disabled*

Check all that apply. If neither, you are not eligible for real estate tax relief and should not complete this application.

*See the Real Estate Tax Relief pamphlet for more information regarding the definition of permanently and totally disabled

APPLICANT INFORMATION

Include applicant, spouse, co-owner(s) and relatives (by blood, adoption, or marriage) who lived in the home as of 12/31/2025
(or as of date purchased if purchased this year)

Name First Name, Middle Initial, Last	Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Applicant APPLICANT	Social Security #	Birth Date MM/DD/YYYY	Race/ Ethnicity Complete for adults only - Optional For statistical purposes only-check all that apply
					<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
		SPOUSE (if living in the home)			<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
Applicant Address					
	Street Address Only (No P.O. Box)		City / Town		State
Applicant Contact Information	Home Phone	Work Phone	Mobile Phone		E-mail Address

Contact Person, other than above (optional)			
	I give my permission to release information to the above-named individual.	Relationship	Contact Person Phone Number

If you are eligible for a 100% exemption, you will receive one. If you do **not** receive a 100% exemption, or if you are eligible for a deferral only, you will owe taxes unless you choose to defer (postpone) payment of some or all of the balance. The deferred taxes will become due when the property changes ownership.

If you do not receive a 100% exemption, do you wish to defer payment of your taxes? Yes No

If yes, what percentage of your taxes do you wish to defer? _____ %

Have all owners lived in and continue to live in this home since 12/31/25? (unless purchased this year) Yes No

If purchased this year, have all owners lived in the home since purchased? Yes No

GROSS COMBINED INCOME

Please check "yes or "no" to each question for each household member. If you check "yes" enter the total amount of annual income received in 2025. Answer all questions. For all "yes" answers, send proof. Submit a Federal Tax Return (including all schedules) for each member who filed. All information provided will be kept strictly confidential.

Are you filing a 2025 Federal Tax Return? YES NO If yes, enclose a copy of your entire return.

Gross Income (Use Actual Amounts from Calendar Year 2025)	Documentation Required	Applicant Income	Spouse/Co-owner/ Relative Income		Relative Income	Relative Income	
			Name: _____			Name: _____	
Employment / Tips	W-2, 1099	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Social Security/SSI Benefits	1099-SSA	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Railroad Retirement Benefits	1099-RRB	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Veterans Benefits	Prior Year Benefit Letter	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Pensions & Annuities	1099-R	<input type="checkbox"/> <input type="checkbox"/> Yes No					
IRA Distributions	1099-R	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Interest Income	1099-INT/OID	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Dividend Income	1099-DIV	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Unemployment Compensation	1099-G	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Business Income	Federal Returns and Schedules	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Capital Gains	Schedule D	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Trust Income	Schedule E	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Rents Received	Schedule E	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Alimony / Child Support Received.	Form 1040/ Court Order	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Public (cash) Assistance	Award Letter, Notice of Adjustment	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Monetary Gifts & Other Income recv'd (specify)	Statement from income source	<input type="checkbox"/> <input type="checkbox"/> Yes No					
Inheritance	Letter from attorney, 1099s	<input type="checkbox"/> <input type="checkbox"/> Yes No					

Do you have a mortgage on this home? Yes No If yes, what is your monthly payment? \$ _____

Do you have a reverse mortgage on this home? Yes No (for research purposes only, will not impact eligibility)

If your assets exceeded \$515,200 or \$695,519, did you incur out of pocket medical/dental, emergency home repairs, and/or special condo assessment expenses for last year that exceeded \$1,000 (for each category). Yes No If yes, please send copies of bills and proof of payment.

TOTAL ASSETS

Please check "yes or "no" to each question for all owners and owners' spouses. If you check "yes" enter the account balance as of 12/31/25. If it is a joint account, list the total under one person and list "joint" for the other person. Answer all questions. For all "yes" answers, send proof. Assets of relatives are excluded

Assets (Use account balance/ Actual Value as of 12/31/2025)	Documentation Required	Applicant Assets	Spouse Assets	Co-owner Assets	Co-owner Assets
		Name: _____	Name: _____	Name: _____	Name: _____
Checking and Money Market Account	All pages of your 12/25 bank statements	<input type="checkbox"/> <input type="checkbox"/> Yes No			
Savings Account		<input type="checkbox"/> <input type="checkbox"/> Yes No			
Certificates of Deposit		<input type="checkbox"/> <input type="checkbox"/> Yes No			
IRA(s) and 401K(s)	All Pages of for 12/25 Account Statements	<input type="checkbox"/> <input type="checkbox"/> Yes No			
Brokerage, Annuity, or Mutual Fund Accounts		<input type="checkbox"/> <input type="checkbox"/> Yes No			
Stocks or Savings Bonds (Attach List)		<input type="checkbox"/> <input type="checkbox"/> Yes No			
Cash Value of Life Insurance		<input type="checkbox"/> <input type="checkbox"/> Yes No			
Other Retirement Accounts		<input type="checkbox"/> <input type="checkbox"/> Yes No			
Business Accounts		<input type="checkbox"/> <input type="checkbox"/> Yes No			
Cash on Hand		None required	<input type="checkbox"/> <input type="checkbox"/> Yes No	<input type="checkbox"/> <input type="checkbox"/> Yes No	<input type="checkbox"/> <input type="checkbox"/> Yes No
Trusts	Copy of entire trust	<input type="checkbox"/> <input type="checkbox"/> Yes No			
Automobiles, Boats, Trailers, Campers	Copy of registration	<input type="checkbox"/> <input type="checkbox"/> Yes No			
Real Property (other than the home you live in)	Assessment/mortgage statement	<input type="checkbox"/> <input type="checkbox"/> Yes No			
Other Miscellaneous Assets (specify). Include any property/assets outside of U.S. (assessments, financial statements)		<input type="checkbox"/> <input type="checkbox"/> Yes No			

I hereby request Real Estate Tax Relief 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. 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.

Applicant Signature _____ Date _____ Spouse/Second Owner Signature _____ Date _____

(if living in the home)

Completed on Behalf of Applicant by _____ Signature _____ Date _____

SEE BACK PAGE FOR INSTRUCTIONS AND MORE INFORMATION →

Qualifications for Real Estate Tax Relief

To qualify for Real Estate Tax Relief ALL following qualifications must be met. If any qualification is not met, the applicant may be ineligible for Real Estate Tax Relief.

- All owners(s) of the home, excluding the spouse, must be at least age 65 and/or permanently and totally disabled, and All owners must live in the home – see next bullet
- The property must be occupied as the full time *Sole dwelling* except when the owner(s) resides in a hospital, assisted living facility, or nursing home. This owner would still be considered a household member however the home may not be rented. Owners cannot be away from the home for more than 90 days, unless they are in the hospital, assisted living facility, or a nursing home.
- Household members for Real Estate Tax Relief purposes include all owners residing in the home, (as well as owners who reside in hospitals, nursing homes, or assisted living facilities) and individuals related to the owner(s) and their relatives. Non-relatives living in the home are not considered household members for real estate tax relief purposes.
- Gross combined income includes the gross income, both earned and unearned, from all sources for all related household members. Disability income for the disabled owner(s) and owner(s) disabled spouse is excluded from the income determination and up to \$10,000 of income for each related household member is excluded (this exclusion does not apply to the owner or owner's spouse).
- Maximum asset level as of December 31, 2025, cannot be more than \$515,200 for an exemption and \$695,519 for a deferral. Assets include the balance in all bank/financial accounts, stocks or bonds, other real property (assessed value minus loan balance to bank or mortgage company), cars/boats/trucks/campers (minus loan balance to bank or dealership), and any assets outside of the United States, for ALL owners and owners' spouses. Related household members' assets are excluded from the asset determination. The value of this home is excluded as an asset. See next bullet.
- The owner and owner's spouse's unreimbursed; medical/dental expenses, emergency home repairs for this home, and condo association individual special assessments for this home can be used to reduce your total asset value. The unreimbursed expenses must be verified, must be for the preceding calendar year, and must exceed \$1,000 (for each category).
- Please review the **Real Estate Tax Relief pamphlet** for more information and requirements.

Instructions

- Please complete this application with the same accuracy as you would your income tax return.
- Include copies of supporting income and asset documentation as of December 31, 2025. Include all 1099s, W-2s, and a copy of a 2025 Federal Tax return and supporting schedules for all related household members who filed as well as accounts from all financial institutions for all owners and owners' spouses.
- New applicants must include a copy of a driver's license, birth certificate, or passport for proof of age
- Send proof, such as an award letter from Social Security, the Veteran's Administration, 1099's with a distribution code of (3) if a disabled owner and/or owner's disabled spouse receives disability income.
- Send proof if an owner is in a hospital, nursing home, or assisted living facility.
- If your home and/or assets are held in a Trust, please provide the most current copy of your entire Trust document and amendments, including the Schedule of Assets, if not previously provided.
- Be sure to sign and date your application. All owners/spouses should also sign it.
- Submit your application as early as possible, even if you do not have all the required documentation. You will be contacted by mail if additional documentation is needed.
- The 2026 application filing deadline is **November 16, 2026**. *It is best to apply as early as possible.* Please submit your application by *March 31st to receive a timely adjusted bill.*
- If an application is denied, the applicant(s) may appeal the decision by contacting the Real Estate Tax Relief program supervisor in writing within 30 days of the date of the denial letter explaining the reason for the appeal. The supervisor will then contact the applicant(s) within ten business days of the receipt of the appeal.
- Please review the **Real Estate Tax Relief pamphlet** for more information and requirements.