

# 2007 HOMEOWNER GRANT PROGRAM APPLICATION



Department of Human Services  
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The **Arlington County Homeowner Grant Program** provides assistance to eligible low and moderate income homeowners in the form of a check issued once a year. See "Frequently Asked Questions" for more details. Applications are accepted through **December 31, 2007**.

**General Requirements:**

- All owners must reside in the home as their sole residence.
- The combined income and assets of all property owners and their relatives who live in the home will be considered.
- A 2006 Federal Income Tax Return for each household member who filed must be submitted (including all attachments and schedules).

**APPLICANT: Please enter the following information:**

Applicant/Owner's Name: \_\_\_\_\_  
 First Middle Last

Applicant/Owner's Address: \_\_\_\_\_  
 Number and Street Unit # City and State Zip Code

Telephone No.: \_\_\_\_\_  
 Home Work Cell Email Address

Do all owner(s) live in the home? YES  NO

Note: To be eligible, all owners must reside in the home as of December 31, 2006, and continue to reside there (except owners in nursing home/assisted living).

**Complete the following for all owners and relatives who live in the home as of December 31, 2006.**

You must check one box for each person regardless of age.

Name	Relationship	Date of Birth	Social Security #	Filed 2006 Federal Tax Form	Did <b>NOT</b> file, but Had Income	Did <b>NOT</b> file, NO Income
1. _____ First Last	Self/Owner	_____ mm / dd / yyyy	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ First Last	_____	_____ mm / dd / yyyy	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ First Last	_____	_____ mm / dd / yyyy	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____ First Last	_____	_____ mm / dd / yyyy	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____ First Last	_____	_____ mm / dd / yyyy	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following questions:**

1. Have you applied for the 2007 Real Estate Tax Relief program for the elderly/disabled? YES  NO
2. How did you hear about this program? \_\_\_\_\_
3. Please list your previous address: \_\_\_\_\_

**INCOME - Indicate all income for 2006 for each household member**

- You must provide a Federal Income Tax Return for each member who filed for 2006. Please include all schedules and attachments.
- Applicants who do **NOT** file a Federal Income Tax Return must provide copies of supporting documents that will verify all sources of income (for example W-2's, 1099's, Social Security Statements, Civil Service Annuities, Veteran's Benefits).

**ASSETS - List all assets for each household member.**

- Declare the value of all assets as of **December 31, 2006** for each household member regardless of age.
- You may be asked to provide verification of assets when staff reviews your case.

In the chart below, **CIRCLE YES or NO** to indicate income and assets for each household member. If you CIRCLE YES, enter the 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. **Do NOT leave any blank spaces.**

NAME	1. Self/Owner		2.		3.		4.		5.	
	AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
2006 Federal Adjusted Gross Income OR Gross income if NOT required to file	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Cash on Hand	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Savings/ Credit Union Accounts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Checking/ Credit Union Accounts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Certificates of Deposit/ Annuities	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Stock/Bonds/ Mutual Funds	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Year/Make/ Model of all vehicles	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Other Non-Retirement Assets/Accts	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Other Real Estate Owned**	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

\*\*Please submit a 2006 Tax Assessment for other property owned

I hereby request a Homeowner Grant 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.

I further understand that my case may be reviewed by quality control staff and I may be required to provide additional information as part of this review. I also understand that failure to cooperate with any review of my/our eligibility may cause my application to be denied.

My signature below authorizes Staff to obtain verification or contact any individual/organization necessary to establish my/our eligibility for a Homeowner Grant.

▲Applicant's Signature or Mark ▲ \_\_\_\_\_ Date \_\_\_\_\_

Completed on Behalf of Applicant by: \_\_\_\_\_  
 Printed Name Signature Date

Relationship to Owner/Resident \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_