

# REAL ESTATE TAX RELIEF 2008 APPLICATION



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/grants](http://www.arlingtonva.us/grants)

### General Requirements

All owners of the property must:

- Be at least 65 years of age or permanently and totally disabled (except for a spouse).
- Have title to the property by December 31<sup>st</sup>, 2007
- Occupy the dwelling as their sole residence.

Please see Frequently Asked Questions for more information

All information provided will be kept strictly confidential

### Checklist of Items to be Submitted

- 2007 Federal Income Tax Return including Schedules (B-F) and Attachments for each person who filed
- All W-2's & 1099's (social security, civil service, other income)
- All 1099-R (for Pension, Retirement Accounts, Annuity, Profit-Sharing, Insurance Contracts)
- All 1099-INT or DIV/Distributions
- All December 2007 Financial/Bank account Statements
- Tax Assessment for any OTHER real estate (excludes your primary residence in Arlington)
- All sections of the application completed for each household member and amounts placed in each item circled "YES"
- Application signed by applicant and spouse (if applicable)
- Personal Property (vehicle) assessments-optional

### APPLICANT: Please enter the following information:

Applicant/Owner : \_\_\_\_\_  

First Name	Middle Name	Last Name	Date of Birth MM/DD/YYYY	Social Security #
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Spouse: \_\_\_\_\_  
(if living in home)  

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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If you do **not** receive a full exemption, you will owe the remaining taxes unless you defer (delay) payment of the balance.  
 Do you want to defer the remaining taxes if you do **not** receive a full exemption? (see frequently asked questions for more information)

Please circle one  YES  NO If YES, what percent of the remaining taxes do you want to defer? \_\_\_\_\_%

### Complete the following for all other relatives (by blood, adoption or marriage) who live in the home as of December 31, 2007

First Name	Last Name	Relationship	Date of Birth MM/DD/YYYY	Social Security #
First Name	Last Name	Relationship	Date of Birth MM/DD/YYYY	Social Security #
First Name	Last Name	Relationship	Date of Birth	Social Security #

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In the chart below, **CIRCLE YES or NO** to each question and indicate income and assets for each household member as of **December 31, 2007**. If you CIRCLE YES, **enter the total AMOUNT of the income or asset as of December 31, 2007, in the box**. If you have a joint account, list the total amount under one person, and indicate "JOINT" for the other account holder in their amount column. **Please answer all questions.**

	NAME	Applicant/Owner			Spouse/Relative1			_Relative 2			Relative 3		
		YES	NO	\$	YES	NO	\$	YES	NO	\$	YES	NO	\$
<b>I N C O M E</b>	Salary/Wages												
	Social Security/Railroad Retirement												
	Annuity Distributions												
	Pension/Retirement												
	Veterans Benefits/Disability												
	Retirement Account Distributions												
	Interest												
	Dividends												
	Capital Gains												
	Rental Income												
	Business Income												
	Royalties/Partnership Income												
	Unemployment/Workmen's Comp												
Other income—Please List:													

<b>A S S E T S</b>	Cash on Hand												
	Savings Accounts												
	Checking Accounts												
	Certificates of Deposit												
	Retirement Accounts (IRA, 401K, TSP etc.)												
	Annuities—Cash Value												
	Stocks, Bonds, Mutual Funds												
	Life Insurance—Cash Value												
	Other Real Estate Owned**												
	Other Financial Accounts												
Vehicles (List year, make, & model)													

\*\*Please submit a 2007 Tax Assessment for other property owned

I hereby request Real Estate Tax Relief 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.

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.

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 Owner/Resident \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_