



REAL ESTATE TAX RELIEF 2013 APPLICATION

Department of Human Services
2100 Washington Blvd., Third Floor, Arlington, Virginia 22204
Tel: 703.228.1350 Fax: 703.228.1169 TTY: 703.228.1398 www.arlingtonva.us/grants

General Requirements

All owners of the property must:

- Be age 65 or older, or permanently and totally disabled (except for a spouse).
- Have title to and live in the Arlington property as of January 1st, 2013
- Occupy the dwelling as their sole residence.

Please submit your application no later than **March 31st** for a timely adjusted bill. The final deadline to apply is August 15th. No applications will be accepted after **August 15th**.

Checklist of Items to be Submitted

- 2012 Federal Income Tax Return including Schedules (B-F) and Attachments for each person who filed (both personal and business)
- All W-2's & 1099's (social security, civil service, other income)
- All 1099-R (for Pensions, Retirement Accounts, Annuities, Profit-Sharing, Insurance Contracts)
- All 1099-INT or DIV/Distributions
- All December 2012 Financial/Bank account Statements for accounts (both inside and outside the U.S.)
- Tax Assessment for any OTHER real estate (excludes your primary residence in Arlington) and 12/12 mortgage balance
- 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)

APPLICANT: Please enter the following information:

Applicant/Owner : _____
 First Name Middle Name Last Name Date of Birth Social Security #
MM/DD/YYYY

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

Applicant's Address: _____
 Number and Street Unit # City and State Zip Code

Telephone No.: _____
 Home Work Cell Email Address

If you do **not** receive a full exemption, or you receive a deferral only, you will owe taxes unless you choose to defer (delay) payment of the balance. Do you want to defer payment of your 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, 2012

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

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

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

All information provided will be kept strictly confidential

In the chart below, **CIRCLE Yes or No** to each question and indicate income and assets for each household member as of **December 31, 2012**. If you CIRCLE YES, **enter the total AMOUNT of the income or asset as of December 31, 2012, 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. For all yes answers, send proof.**

		Applicant/Owner	Relative 1	Relative 2	Relative 3
I N C O M E	Salary/Wages	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Social Security/Railroad Retirement	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Annuity Distributions	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Pension/Retirement	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Veterans Benefits/Disability	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Retirement Account Distributions	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Interest	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Dividends	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Capital Gains	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Rental Income	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Business Income	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Royalties/Partnership Income	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Unemployment/Workmen's Comp	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Other income—Please List:	YES NO \$	YES NO \$	YES NO \$	YES NO \$

A S S E T S	Cash on Hand	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Savings Accounts	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Checking Accounts	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Money Market Accounts	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Certificates of Deposit	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Retirement Accounts (IRA, 401K, TSP etc.)	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Annuities—Cash Value	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Stocks, Bonds, Mutual Funds	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Life Insurance—Cash Value	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Other Real Estate Owned (Provide 12/12 tax assessment and mortgage statement)	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Other Financial Accounts	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Other Property/Accounts Outside US	YES NO \$	YES NO \$	YES NO \$	YES NO \$
	Vehicles (List year, make, & model)	YES NO \$	YES NO \$	YES NO \$	YES NO \$

- * **All owners have lived in (and continue to live in) this home since January 1st, 2013?** Please circle one: **Yes No**
- * **Are you filing a 2012 Tax Return?** Please circle one: **Yes No** If yes, be sure to enclose a copy of the entire return.

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 _____