



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

## 2019 ARLINGTON COUNTY REAL ESTATE TAX RELIEF APPLICATION

**FILING DEADLINE - See back page for instructions and more information**

The 2019 filing deadline is **November 15, 2019**.

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 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

Applicant Address					
	Street Address Only (No P.O. Box)		City / Town	State	Zip Code
Applicant Contact Information					
	Home Phone	Work Phone	Mobile Phone	E-mail Address	
Name <i>Last Name, First Name, Full Middle Name</i>		Relationship to Applicant	Social Security Number	Birth Date <i>MM/DD/YYYY</i>	
Include applicant, spouse, co-owner(s) and relatives (by blood, adoption, or marriage) who lived in the home as of 12/31/2018 (or as of date of purchased if purchased this year)					
		APPLICANT			
		SPOUSE (if living in the home)			

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 full exemption, you will receive one. If you do **not** receive a full 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 full exemption, do you wish to defer payment of your taxes? Yes  No

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

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Have all owners lived in and continue to live in this home since 12/31/18? (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 yearly income received in 2018. 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 2018 Federal Tax Return?  YES  NO** If yes, enclose a copy of your entire return.

Gross Income (Use Actual Amounts from Calendar Year 2018)	Documentation Required	Applicant Income	Spouse/Co-owner/Relative Income	Relative Income	Relative Income
		Name: _____	Name: _____	Name: _____	Name: _____
Salaries / Wages / Tips	W-2, 1099	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security/SSI Benefits	1099-SSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement Benefits	1099-RRB	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans Benefits	Current Year Benefit Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions & Annuities	1099-R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA Distributions	1099-R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest Income	1099-INT/OID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend Income	1099-DIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Compensation	1099-K	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Income	Federal Returns and Schedules	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capital Gains	Schedule D	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Income	Schedule E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rents Received	Schedule E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support Received.	Form 1040	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF/ General Relief	Award Letter, Notice of Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monetary Gifts & Other Income recv'd (specify)	Statement from income source	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritance	Transfer of ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \$400,000 or \$540,000, did you incur out of pocket medical, 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 proof.

## TOTAL ASSETS

**Please check "yes or "no" to each question for all owners and owners' spouses. If you check "yes" enter the asset value as of 12/31/18. 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 (non-owner, non-owner's spouse) are excluded**

Assets (Use Actual Value as of 12/31/2018)	Documentation Required	Applicant Assets	Spouse/Co-owner/ Assets	Spouse/Co-owner/ Assets	Spouse/Co-owner/ Assets
		Name: _____	Name: _____	Name: _____	
Checking and Money Market Account	All Pages of Bank Statements as of 12/31/2018	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of Deposit		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA(s) and 401K(s)	All Pages of Account Statements as of 12/31/2018	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brokerage, Annuity, or Mutual Fund Accounts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks or Savings Bonds (Attach List)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Value of Life Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Retirement Accounts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Accounts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash on Hand		None required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trusts	Copy of entire trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobiles, Boats, Trailers, Campers	Copy of registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Property (other than the home you live in)	Assessment/ mortgage statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Miscellaneous Assets (specify). Include any property/assets outside of U.S.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 of the 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.
- All owners must live in the home – see next bullet
- The property must be occupied as the 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. The dwelling may not be rented.
- All owners who live in the home (as well as owners who reside in a hospital, nursing home, or assisted living facility) and individuals who live in the home who are related to the owner(s) or the owners' relatives are considered household members for Real Estate Tax Relief purposes. Non-relatives who live in the home are not considered household members for Real Estate Tax Relief purposes.
- Gross combined income for 2018 cannot be more than \$99,472. Gross combined income includes the gross income, both earned and unearned, from all sources for all related household members. Disability income for the owner(s) and owner(s) spouse is excluded from the income determination and up to \$10,000 of income for each household member who is not the owner or the owner's spouse is excluded.
- Maximum asset level as of December 31, 2018, cannot be more than \$400,000 for an exemption and \$540,000 for a deferral. Assets include the balance in all bank/financial accounts, stocks or bonds, other real property (assessed value minus amount owed), cars/boats/trucks/campers (minus amount owed), 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 form with the same accuracy as you would your income tax return.
- Include copies of supporting income and asset documentation as of December 31, 2018. Include all 1099s, W-2s, and a copy of a 2018 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.
- Include a copy of a driver's license or birth certificate for proof of age if not previously filed.
- Provide disability verification if not previously provided. Disability income is not considered for the owner and owner's spouse.
- Send proof if an owner is in a hospital, nursing home, or assisted living facility.
- If your property is held in Trust, please provide a copy of the entire Trust document and amendments if not previously supplied, as well as a schedule of the Trust assets as of December 31, 2018.
- Be sure to sign and date your application. All owners/spouses should also sign it.
- Submit your application as early in the year as possible, even if you do not have all the required documentation. You will be contacted regarding any additional documentation needed to process your application.
- The 2019 application filing deadline is **November 15, 2019**. *It is best to apply as early as possible.*
- 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.