



DEPARTMENT OF HUMAN SERVICES
Housing Assistance Bureau

2100 Washington Blvd., Third Floor, Arlington, VA 22204
TEL 703-228-1350 FAX 703-228-1169 TTY 703-228-1398 www.arlingtonva.us

You Must be Living in Arlington in Order to Apply for a Housing Grant

When you submit your application, *you must be living in Arlington.* You will need to provide at least one of the following with your current Arlington address:

- DMV issued ID at your legitimate current residential address in Arlington
- Utility bill not more than two months old in the applicant's name (cell phone and pager bills not accepted)
- Monthly bank statement not more than two months old issued by a bank
- Payroll check stub issued by an employer within the last month
- Current auto or life insurance bill (cards and policies are not accepted)
- Cancelled check not more than two months old with both name and address imprinted on check
- US Postal Service change of address confirmation form or postmarked US mail with a forwarding address label
- A current lease in your name at the address where you are living
- Proof that you are living in an Arlington year round shelter and considered an Arlington resident on entry

If you are an unsheltered homeless person in Arlington you must have been actively working with Community Assistance Bureau or the Customer Service Center for Aging and Disability Services in DHS or with ASPAN for the past 3 months and not receiving benefits as a resident of another jurisdiction.

Applications received without at least one of the above will be denied upon receipt.

Once your application is received, it usually takes about two weeks to be assigned to a worker. That worker will send you a letter telling you what else is needed in order to process your application. It usually takes 60 days to complete the application process.

(PARA LEER EN ESPAÑOL, MIRE EL REVERSO DE ESTA PAGINA)

Usted debe vivir en Arlington para solicitar un subsidio de renta a la vivienda (Housing Grant)

Al momento de presentar la solicitud, *usted debe estar viviendo en Arlington.* Usted deberá proporcionar como mínimo uno de los siguientes documentos con su dirección actual en Arlington:

- Identificación por la División de Motores y Vehículos al domicilio legal de su residencia corriente en Arlington.
- Factura de servicio público de dos meses atrás a nombre del solicitante (no se aceptan facturas de teléfonos celulares y localizadores personales).
- Estado bancario mensual de dos meses atrás emitido por un banco.
- Pruebas de salario (collillas) emitido por un empleador dentro del último mes.
- Factura actualizada del seguro de vida o seguro automotriz (no se aceptan tarjetas de seguros y pólizas).
- Cheque cobrado de dos meses atrás con el nombre y la dirección impresos en el cheque.
- Formulario de confirmación de cambio de dirección del Servicio Postal de EE.UU. o correo con matasellos de EE.UU. con la dirección de reenvío.
- Contrato de alquiler actual a su nombre con la dirección en la cual vive.
- Comprobante de que usted vive en un refugio de Arlington que funciona todo el año y es considerado residente de Arlington al momento de ingreso.

Si usted vive en la calle y no tiene refugio en Arlington, debe haber estado trabajando activamente con el Consejo de Asistencia Comunitaria de DHS o con ASPAN durante los últimos 3 meses y no debe percibir beneficios como residente de otra jurisdicción.

Las solicitudes que se presenten sin al menos uno de los documentos que se indican anteriormente serán denegados al momento de su recepción.

Desde que su aplicación es recibida usualmente toma dos semanas para ser asignada a una trabajadora, ella le enviará una carta diciendo que más necesitá para procesar su aplicación. Todo el proceso toma usualmente 60 días para completarlo.

(See reverse side for English)



HOUSING GRANTS APPLICATION

FOR RENTERS

Mail to: 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

YOU MUST PROVIDE PROOF THAT YOU LIVE IN ARLINGTON WHEN YOU APPLY FOR THIS PROGRAM

Please check all that apply:

- I am aged 65 or older **OR** I am permanently and totally disabled OR a client of the Arlington Mental Health or Substance Abuse Programs **OR** Our household has employed adults and children under 18 years old

If you cannot check one of the above, you will not be eligible for this program

You must live in Arlington County, have a lease in your name by the time of approval, and meet the income and asset limits

Please answer the following questions

- Are you in the process of looking for a new place to live*?
 YES NO
- Do you have a current lease in your name? YES NO
- What is your total current rent? \$_____per month.
- Are you or your family currently receiving services through Arlington County?
 YES NO If YES, Worker's name _____
- Have you or a household member ever been disqualified from receiving a Housing Choice Voucher? YES NO
- Have you or any other household member(s) sold, transferred, or given away any real property (house, land, buildings) or personal property within the past 12 months?
 YES NO If YES, list address & date _____

*if you are looking for an apartment and need an estimate of the amount of the Housing Grant you may be eligible to receive, let us know

Submit the following verifications

- Submit a copy of your entire lease*
- Copies of Social Security cards for everyone in the home (unless previously provided)
- Recent pay stubs from current employer(s)
- Copy of current award letter or benefit statement verifying the amount of Social Security, Veterans Benefits, Retirement Benefits, Unemployment or other pension/retirement (if applicable)
- Proof of all money you receive from family, friends, organizations, & other sources including educational loans, grants, scholarships or other aid (if applicable)
- Proof of child support and/or alimony received (if applicable)
- Current account statements for all financial accounts
- Copy of your rent receipt or cancelled rent check
- Additional Verifications may be requested once your application has been reviewed

APPLICANT: Please enter the following information:

1. Applicant _____
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

Complete the following for all other persons occupying this residence, child and adult

2. _____
First Name Last Name Relationship Date of Birth Social Security #

3. _____
First Name Last Name Relationship Date of Birth Social Security #

4. _____
First Name Last Name Relationship Date of Birth Social Security #

5. _____
First Name Last Name Relationship Date of Birth Social Security #

All information provided will be kept strictly confidential

Circle "yes" or "no" to each question for each household member, including children. If you circle "yes", enter the total amount of the income or asset. If you have a joint account, list the total amount for one person, and indicate "Joint" for the other in their amount column. **Please list money received from all sources, including family members, friends, and religious organizations.**

For all "yes" answers, send proof.

	NAME	1. _____ Applicant		2. _____ Spouse/Relative		3. _____ Relative		4. _____ Relative		5. _____ Relative	
		YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
I N C O M E	Salary/Wages	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Social Security/SSI	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Public Assistance	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Pension/Retirement/ Annuity	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Veterans Benefits/ Disability	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Retirement Account Distributions	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Interest/Dividends/ Capital Gains	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Child Support/Alimony	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Unemployment/ Workmen's Comp	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Business Income	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Receiving Loans/ Grants/Scholarships	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Family/Other Financial contributions	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Other income list:	YES	NO \$	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 \$	YES	NO \$
	Savings/Money Market Accounts	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Checking Accounts	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Certificates of Deposit	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Retirement Accounts (IRA, Roth, TSP etc.)	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Cash Value of Annuities	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Stocks, Bonds, Mutual Funds	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Other Financial Accounts	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Real Estate (current market value)	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$
	Vehicles (List year, make, & model)	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$	YES	NO \$

- I hereby request Housing Grant benefits 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.
- I agree to pursue other types of assistance/benefits which may increase my household income, such as child support, unemployment compensation, social security benefits.
- My/our signature below authorizes Staff to obtain verification or contact any individual/organization necessary to establish my/our eligibility for Housing Grant benefits.
- My/our signature below authorizes staff to give information about my/our Housing Grant amount to my landlord.
- I/we also understand that failure to cooperate with any review of my/our eligibility may cause the application to be denied/closed.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF SPOUSE (if living in the home) _____ DATE _____

Completed on Behalf of Applicant by: _____
Printed Name Signature Date