



CITY OF FALLS CHURCH

Department of Housing and Human Services
Nancy Vincent, Director

300 Park Avenue, Suite 102 W
Falls Church, VA 22046
703-248-5005 (TTY 711)
HHSinfo@fallschurchva.gov

AMENDED APPLICATION FOR FY 2022 RENT RELIEF

Please review all requested information carefully before you complete the application. **All information must be provided WITH documentation to support each entry. You must include a complete copy of your 2020 Federal and State Income Tax Returns with your application. Please include all associated W-2 and 1099 forms, schedules and attachments. Please Note: we use gross income (not taxable income) for purposes of this application.**

You must also provide all financial statements (i.e. banking and investment statements) with an ending balance on 12/31/2020. If your statement cycle does not end on 12/31/2020, please provide both the December 2020 and January 2021 statements so that we can calculate the 12/31/2020 ending balance. All pages are required for a sound audit trail – even pages labeled “intentionally left blank.” Auditors do not like missing pages. Please submit complete statements.

If you own stocks in your portfolio, you must provide the stock price on 12/31/2020. Please complete an internet search for your specific stock(s) on 12/31/2020, print the screen and attach it to your statement showing the number of shares of each stock you own.

Information furnished to the City of Falls Church Housing and Human Services Office will be maintained and disseminated for governmental purposes in accordance with the Virginia Freedom of Information Act, Code of Virginia, § 2.1.340 through 346.1 as amended, and the Privacy Protection Act of 1976, Code of Virginia §, 2.1.377 through 386, as amended.

Rent Relief (Cap on relief \$1,700)

If you are receiving a rent subsidy (e.g. Housing Choice Voucher) you are not eligible for this program.

Income limit for eligible households: **\$44,100 and below**. Applicants must have paid rent for residential housing within the City of Falls Church during 2020. Special provisions apply for qualifying applicants residing in the City for less than the entire grant year. Your total financial worth must not exceed **\$150,000** as of December 31, 2020. **Contact 703-248-5005 for information on this program.**

**Rent Relief Program for the Elderly and/or Residents with Disabilities
Grant Year FY2022 Certification INSTRUCTIONS**

APPLICATIONS ARE DUE BY APRIL 15, 2021

Contact Housing & Human Services at
703-248-5005 or HHSinfo@fallschurchva.gov for information.

PRIMARY QUALIFIERS

- The applicant must be at least 65 years of age or permanently and totally disabled as of December 31, 2020.
- The total financial worth must not exceed **\$150,000** as of December 31, 2020.
- Gross income limit for eligible households: **\$44,100 and below.**
- Applicants must have paid rent for residential housing within the City of Falls Church during 2020. Special provisions apply for qualifying applicants residing in the City for less than the entire grant year.
- Please provide Power of Attorney (POA), if applicable.

Rent Relief (Cap on relief \$1,700)

**If you are receiving a rent subsidy (e.g. Housing Choice Voucher),
you are not eligible for this program.**

2021 Rent Relief Chart*

| Household Income | Relief Subject to a Cap of |
|-------------------|-------------------------------|
| Under \$14,694 | \$1,700 |
| \$14,695-\$29,396 | \$1,200 |
| \$29,397-\$44,100 | \$700 |

*Subject to Change when HUD Releases 2020 Data

This Chart Reflects 2019 Data and will not be used to Determine Relief Status

Questions on Rent Relief: Contact Housing and Human Services, Ripal Patel via an email at hhsinfo@fallschurchva.gov or by phone at 703-248-5005 (TTY 711)

APPLICATION

SECTION A: GENERAL INFORMATION

Your Name: _____
Last First Middle

Address: _____

Your Birth Date: _____

Phone Number: _____

Spouse's Name: _____

Spouse's Birth Date: _____

Do you file federal income tax? ___ Yes ___ No

Do you file state income tax? ___ Yes ___ No

This area to be completed by the Resident Manager/Owner

Total Rent Paid in 2020: \$_____ Dated Moved to Above Residence: _____

List the name and relationship of all persons that occupy the applicant's apartment and/or are listed on the lease.

| Name | Relationship |
|----------|--------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Signature of Resident Manager/Owner: _____

FINANCIAL STATEMENT- JANUARY 1, 2020 - DECEMBER 31, 2020

DOCUMENTATION MUST BE FURNISHED

All statements must be as of December 31, 2020

Applications WILL NOT be processed without full and accurate documentation.

| SECTION B. GROSS INCOME (MUST Include documentation) | | | | | |
|--|-----------|--------|----------|----------|----------|
| List all income for yourself, spouse, and any person (or persons) residing in the home | Applicant | Spouse | Person 1 | Person 2 | Person 3 |
| Salaries | | | | | |
| Bonuses and Commissions | | | | | |
| Interest and Dividends | | | | | |
| Gross Rental Income | | | | | |
| Pensions, Annuities | | | | | |
| Alimony/Child Support | | | | | |
| Public Assistance | | | | | |
| Social Security (SSA-1099 Form) | | | | | |
| Other Income | | | | | |
| TOTAL GROSS INCOME FOR EACH: | | | | | |
| Exclusion for Disability Income: Subtract 50% of Social Security Permanent Disability Income (SSDI) or up to a maximum of \$7,500 from other disability income sources (provide the source document) | | | | | |
| Exclusion for *Necessary Caregiving Relative: Subtract \$10,000 from their Income <small>*Defined as required and primary caregiver in order for primary applicant to remain in their home</small> | | | | | |
| TOTAL GROSS INCOME FOR EACH PERSON AFTER ALLOWABLE EXCLUSIONS | | | | | |
| COMBINED GROSS INCOME AFTER ALLOWABLE EXCLUSIONS \$ _____ | | | | | |
| SECTION C. NET WORTH – ASSETS (MUST include documentation of assets) | | | | | |
| | Applicant | Spouse | Person 1 | Person 2 | Person 3 |
| Cash on Hand in Bank and Savings | | | | | |
| Mortgages/Trust Notes Due to You | | | | | |
| Other Notes or Accounts Due You | | | | | |
| Stocks/Bonds/Certificates of Deposit | | | | | |
| Cash Value of Life Insurance | | | | | |
| Cash Value of Annuities | | | | | |
| Balance of Individual Retirement Accounts, 401K, etc. | | | | | |
| Real Estate Owned | | | | | |
| Automobile Owned (Fair Market Value) | | | | | |
| ADD TOTAL ASSETS FOR EACH TO ARRIVE AT COMBINED ASSETS \$ _____ | | | | | |

SECTION D. NET WORTH – LIABILITIES

| | Applicant | Spouse | Person 1 | Person 2 | Person 3 |
|---|-----------|--------|----------|----------|----------|
| Notes Payable | | | | | |
| Accounts Payable (credit cards, personal loans, etc.) | | | | | |
| Taxes Due - Federal | | | | | |
| Taxes Due - State and Other | | | | | |
| Other Debts (i.e. medical expenses) | | | | | |
| Real Estate Mortgages | | | | | |
| ADD TOTAL LIABILITIES FOR EACH TO ARRIVE AT COMBINED LIABILITIES. | | | | | |
| \$ _____ | | | | | |
| <i>Only complete this section if your assets in Section C Net Worth Assets exceeds \$400,000 in 2020.</i> | | | | | |
| SUBTRACT COMBINED LIABILITIES FROM COMBINED ASSETS TO ARRIVE AT NET WORTH. | | | | | |
| \$ _____ | | | | | |

**Don't forget to attach a copy of supporting documentation of all income and assets with year-end statements as of 12/31/2020.
Your application WILL NOT be processed without it!**

AFFIDAVIT

*I declare under the penalties provided by law that this Affidavit, Financial Statement and the accompanying schedules have been examined by me and to the best of my knowledge and belief are true, correct and complete. **Any person or persons falsely claiming a grant or relief shall be guilty of a misdemeanor and will be prosecuted to the fullest extent of the law.***

Your Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Who may we contact with questions about your application?

Name: _____ Relationship: _____

Phone: _____ Email: _____

MAIL APPLICATION TO:

City of Falls Church Housing and Human Services Office
300 Park Avenue, Suite 102W
Falls Church, Virginia 22046

APPLICATIONS ARE DUE BY APRIL 15, 2021

For Office Use Only:

Approved _____ **Bill #** _____ **RPC** _____

Tax Amount: _____ **Percent:** _____ **Date:** _____

Denied _____ **Initials** _____

Reason: _____

Language interpretation services are available.

The Housing and Human Services Office and the City of Falls Church are committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703-248-5046 (TTY 711)

Rent Relief Application Checklist

This Form and All Items Must be Included with your Application

Please use this checklist to ensure that your application is complete and you are submitting all corresponding data. You must submit this checklist with your application. If an item does not apply to you, please mark it "N/A" in the margin.

Required Documents:

- FY 2022 Rent Relief Application
- 2020 Federal Income Tax Return with all 1099 and W-2 Forms and Schedules
- 2020 Virginia Income Tax Return
- All Applicable Financial Statements with Ending Balance on 12/31/2020 or both December 2020 and January 2021 Statements for each account reported, such as
 - Checking Account
 - Savings Account
 - Other banking accounts (e.g. Money Market, CD, etc.)
 - Stock Portfolios
 - Pension
 - Annuity statements
 - Life insurance
 - IRA
 - Any other financial account not listed
- Power of Attorney, if applicable
- Trust documents, if applicable
- Disability documents, if applicable
- Caregiver Statement, if applicable
- Completed Affidavit and signed Application

Reminders:

- Submit on or before April 15, 2021 deadline.