



Commissioner of the Revenue
605 E. Main Street, Room A130
P.O. Box 2964
Charlottesville, VA 22902-
2964

RETURN THIS FORM BY MAY 1st

RENTAL RELIEF APPLICATION

Applicant: _____ **Date Of Birth:** _____ **SSN:** _____

Telephone: _____ **Email:** _____

Spouse: _____ **Date Of Birth:** _____ **SSN:** _____

Telephone: _____ **Email:** _____

Address: _____

Mailing Address (if different): _____

- The applicant has paid rent for his/her dwelling within the city during the previous year and was a resident of the city on December 31 of the previous year;
- The applicant or his spouse (if they reside together) is sixty-five (65) years of age or older, or permanently and totally disabled, as of December 31 of the previous year;
- The dwelling for which the rental relief grant is sought was occupied as of December 31 of the previous year as the sole dwelling place of the applicant;
- If the gross combined income of the applicant(s) for the preceding taxable year does not exceed \$50,000, the applicant **may** qualify. Gross combined income shall include income from all sources of the applicant, spouse, and relatives living in the dwelling. The first \$7,500 of income of a permanently disabled applicant (or the applicant's permanently disabled spouse) is exempt. The first \$8,500 of income of each relative other than the spouse is exempt. If the applicant has been a resident of the city for less than the full grant year, the gross combined income and the maximum allowable income shall be prorated for the period of actual residency.
- The net combined financial worth of the applicant and relatives living in the dwelling as of December 31 of the previous year does not exceed \$125,000. Net combined financial worth shall include all assets, including equitable interests.
- For qualifying applicants, the amount of the grant shall be twenty-five (25) percent of the amount determined by subtracting twenty-four (24) percent of gross combined income from the lesser of:
 - (1) The actual amount of rent paid; or
 - (2) Six thousand dollars (\$6,000.00).
- If the applicant was a resident of the city for less than the full grant year, the actual rent paid or maximum rent allowable shall be prorated for the period of actual residency.

Note: Any person or persons falsely requesting relief shall be guilty of a Class 1 misdemeanor and upon conviction thereof shall be punished as provided in Section 1-11 of the City Code.

Phone (434) 970-3160 • Fax (434) 970-3663
cor_feedback@charlottesville.org • www.charlottesville.org/COR

1. Date moved to current address. _____
2. Previous addresses _____

3. *Proof of rents paid in previous year:* _____ Statement from landlord **OR** _____ Rent receipts
4. Total rents in Charlottesville in previous year: _____
5. List the name, relation, age and social security number of all relatives who occupy the residence.

Name	Relationship to Applicant	Age	Social Security Number

6. Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse and all relatives living in the residence. Provide copies of supporting documents such as W2's, 1099's, last year's Federal income tax return.

GROSS INCOME	Applicant	Spouse	Others relatives in residence
Salary / Wages	\$	\$	\$
Pensions / Retirement Income			
Social Security			
Interest / Dividends			
Rents Received			
Capital Gains / Property in Trust			
Unemployment / Other Sources			
Deduct the first \$8,500 of income of each relative living in residence			(-)
Deduct the first \$7,500 of disabled applicant's (or disabled spouse's) income	(-)	(-)	
Total	\$	\$	\$

7. Is your net combined financial worth (applicant + spouse) as of December 31 of previous year less than \$125,000?

(If you are unsure, use the table below)

NET VALUE OF ASSETS	Applicant	Spouse
Real estate (Other than home)		
Personal Property (Auto)		
Money in Certificates, Savings, Stocks & Bonds		
Checking Account(s)		
Other Assets		
Less Liabilities – Attach Statement	(-)	(-)
Total		

8. I hereby certify, under penalties provided by law, that the information presented on this application for Rental Relief, including any accompanying schedules or statements, is to the best of my knowledge complete and accurate.

Applicant(s) Signature

Notary Signature

Sworn (or affirmed) to before me this _____ day of _____, 20_____.

My commission expires: _____ Registration #: _____

Office use only:					
Parcel RPC & Title Name				20____ Income	\$
Property Value & Tax 20____	\$		\$	20____ Net Worth	\$
Application date		Audited		%Exemption	%
Posted date		Posted		20____ Ex.Amt	\$