



Department of Community and Human Services

RENT RELIEF FOR OLDER AND DISABLED ADULTS

Enclosed is an application for the **2025-2026** Rent Relief Program. In order to be considered for a rental subsidy through this program, please complete the application and return it as soon as possible along with the required documents (See Checklist) to:

Department of Community and Human Services (DCHS)
Office of Community Services-Attention: Samantha Huffman
4850 Mark Center Dr., 5th Floor
Alexandria, Virginia 22311
703-746-6085

Program Information

Rent Relief offers assistance of **up to** \$6,000 per year to low-income, older and/or disabled renters in the city of Alexandria. The payments are distributed in monthly allotments directly to the program participant. Funds can be used to cover any household needs.

Applications will be accepted year-round. In the event the number of approved applicants exceeds the amount funded for this program, new applicants will be placed on a waiting list. When an opening becomes available for the program, applicants on the waiting list will be prioritized according to history of homelessness and/or need for homeless prevention/intervention services, involvement with other programs within DCHS, high percentage of rent to income ratio, and previous Rent Relief recipient.

Eligibility Requirements

1. Applicant must be 65 years of age or older and/or permanently and totally disabled by Social Security standards or submission of disability certification form by licensed physician. *Form may be provided upon request
2. Applicant must be a City of Alexandria resident for at least 12 months* prior to application and must be an occupant on the lease if not the leaseholder.
3. Rent amount must meet HUD's Rent Reasonableness requirement.
4. The total combined gross income from all sources of all individuals living in the household shall not exceed 30% AMI. Deductions of \$12,700 from the gross income are given for individuals who meet the disability requirements, as defined by SSA or medical provider; and \$11,000 for roommates or relatives other than the spouse.
5. Applicant's total combined financial worth shall not exceed \$75,000.
6. Persons who receive rental subsidies under section 8 or other federal, state or local housing authority subsidy programs are not eligible.

*Waiver for persons coming out of homeless shelter or receiving homeless prevention/intervention services.

RENT RELIEF CHECKLIST

Please include all applicable verifications with your application to avoid delays in the determination process. Please use the list below as a reference. This page does not need to be returned.

1. Copy of current lease or rental agreement (Page that has your name, rent amount)
2. Income verification for all sources of income for **all individuals** residing in the home:

- _____ Social Security and SSI benefits (award letter)
- _____ Employment income (pay stubs)
- _____ Verification or retirement benefits
- _____ Annuity verification
- _____ Pension benefits
- _____ Child support income
- _____ TANF benefits
- _____ Unemployment compensation
- _____ Roomer income
- _____ Consistent family or other financial assistance
- _____ Loans
- _____ Tax return
- _____ Any other household income

3. Resource information for all individuals living in the home:

- _____ Checking (Most recent bank statement)
- _____ Savings or credit union statements
- _____ Copies of stocks, bonds or CDs
- _____ Pension plans, retirement accounts, IRAs
- _____ Copies of cash value of life insurance policies

If you have any questions, feel free to contact:

Samantha Huffman, Program Coordinator
DCHS/Office of Community Services
703-746-6085
Samantha.Huffman@alexandriava.gov

Clara Roberson, Supervisor
DCHS/Office of Community Services
703-746-5942
Clara.Roberson@alexandriava.gov

PLEASE NOTE: You must inform the Office of Community Services of any income, assets, rent or address changes within 10 days of the change. To report changes please call (703)746-6085 or email DCHSOCSRPP@alexandriava.gov and include supporting documents if possible.



Department of Community and Human Services
Rent Relief for Older and Disabled Adults Application 2025-2026

Please be advised that applications take up to seven (7) business days to process once all documentation is submitted. Submission of incomplete applications will delay the determination process.

Applicant Information

Name _____ Race _____ Sex _____

Social Security No. _____ Date of Birth _____

Address _____ Zip _____

Telephone _____ Email _____

Years living in Alexandria? _____

What is your primary Language? _____ What is your highest level of Education? _____

Are you disabled? ☐ Yes ☐ No Have you experienced homelessness in the past? ☐ Yes ☐ No

Do you currently receive a rental subsidy? ☐ Yes ☐ No
(Some examples are public housing or Section 8 housing vouchers or certificates)

Emergency Contact/Payee:

Name _____ Telephone _____

Address _____ Zip _____

Spouse Information

Spouse's Name _____ Race _____ Sex _____

Spouse's Social Security No. _____ Spouse's Date of Birth _____

Spouse's Highest level of education? _____

Is your spouse disabled? ☐ Yes ☐ No

Complete ALL Areas

Household Information

Please list your **monthly rent** responsibility \$ _____

Name of Apartment Complex _____

What type of housing do you rent? ☐ House ☐ Apartment

How many bedrooms? ☐ Studio Apt. ☐ 1 Bedroom Apt ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom

Are your utilities included in the rent? ☐ Yes ☐ No If no, what utilities do you pay? _____

How much do you spend monthly on:

Utilities \$ _____ Food \$ _____ Phone \$ _____ Transportation \$ _____ Medication \$ _____

Do you receive any of the following:

Medicare ☐ Yes ☐ No **Medicaid** ☐ Yes ☐ No **SNAP/Food Stamps** Yes ☐ No ☐ If yes, Amount \$ _____

Please list the following information for ALL individuals who reside at your residence other than you and your spouse.

Name	Relationship	Social Sec.#	Age	Sex	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income Information

Please list all income for you, your spouse, and all other household members	Applicant	Spouse	Name of other household member _____	Name of other household member _____	Name of other household member _____
Social Security Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Salary, Bonus & Commissions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Annuity	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Help with Rent	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contributions from others	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income you receive	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest & Dividends (Include State/Municipal Bonds)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Income (Unemployment, sick pay, disability payments, gifts, bequests, TANF, etc.)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Gross Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Attach supplemental sheet if there are more than three additional household members

Financial Worth Information					
List the value of assets that you, your spouse, and other household members have:	Applicant	Spouse	Name of other household member _____	Name of other household member _____	Name of other household member _____
Cash on Hand	\$	\$	\$	\$	\$
Checking Accounts	\$	\$	\$	\$	\$
Savings Accounts	\$	\$	\$	\$	\$
Mortgages on Trusts/Notes Due Me	\$	\$	\$	\$	\$
Other Notes & Accounts Due Me	\$	\$	\$	\$	\$
Listed Stocks and Bonds	\$	\$	\$	\$	\$
Life Insurance (Cash Value)	\$	\$	\$	\$	\$
Annuity (Cash Value)	\$	\$	\$	\$	\$
Real Estate Owned	\$	\$	\$	\$	\$
Automobile(s) Fair Market Value	\$	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$	\$

DECLARATION

I declare under the penalties provided by law that this affidavit, financial statement, and any accompanying schedules and documentation have been examined by me, and to the best of my knowledge, is true, correct, and complete. My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility for this program. This authorization is valid for one year from the date of my signature below. *Any person signing for an applicant must sign the applicant's name and provide his or her own name, address, and telephone number in the space provided below for the Signee.

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_____ Applicant's Signature	_____ Date
_____ Spouse's Signature	_____ Date
_____ *Preparer of Affidavit (Signee)	_____ Date

*Preparer of Affidavit Address

*Preparer of Affidavit Phone Number

Complete All Areas