



WILMINGTON SENIOR REAL ESTATE TAX ASSISTANCE PROGRAM APPLICATION

AMOUNT OF ASSISTANCE REQUIRED (EST): _____

APPLICANT NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ CURRENT AGE: _____

CO-APPLICANT NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ CURRENT AGE: _____

HOME PHONE #: _____ # OF PEOPLE IN HOUSEHOLD: _____

PROPERTY ADDRESS: _____

STREET

CITY

ZIP

PROPERTY IS OWNED: INDIVIDUALLY JOINTLY WITH SPOUSE JOINTLY WITH OTHERS

MONTHLY SOURCES OF INCOME

SOCIAL SECURITY	\$ _____	INTEREST & DIVIDENDS	\$ _____
PENSIONS	\$ _____	RENTAL INCOME	\$ _____
WAGES/SALARIES	\$ _____	CAPITAL GAINS	\$ _____

TAX RETURNS FILED LAST YEAR: FEDERAL STATE I DID NOT HAVE TO FILE

RACE (REQUESTED FOR MONITORING PURPOSES ONLY):

AMERICAN INDIAN/ALASKAN NATIVE ASIAN, PACIFIC ISLANDER
BLACK WHITE HISPANIC OTHER

If application is originated with the assistance of a community organization and you wish for someone in that organization to be able to discuss your application, please provide the information below:

Originated by: _____

Organization Name & Contact

Phone #

I hereby affirm that I am an owner/occupant of the above referenced property and that all of the information provided above is true to the best of my knowledge. To assist in determining my eligibility for program benefits I hereby authorize Delaware State Housing Authority to verify my application information.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

----- DSHA USE ONLY BELOW: -----

Application # _____

COPY OF DELINQUENT TAX/WATER/SEWER BILL - STATUS & OWNERSHIP VERIFIED BY: _____

PROOF OF INCOME - INCOME ELIGIBLE VERIFIED BY: _____

PROOF OF AGE - VERIFIED BY: _____