## **Senior Citizen Anti-Displacement Grant Application**



## **CITY OF ATLANTA**

55 Trinity Ave Suite 1920 Atlanta, GA 30303 (404)-330-6026

Name(s) of property owner(s):

Telephone Number: _		
Email Address:		
	hod:	
	Eligibility Cer	rtification
□ I own and occup	a home in the City of Atlanta	
□ I am over the age	•	
-	-	n subject to a foreclosure action.
High priority will b	e given to applicants with ho	usehold incomes who fall below 4
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If additional space is needed, please attach on separate page.

## To process your application for the Anti-Displacement program please submit the following supporting documentation with your application:

- Your 2023 Tax Returns (if you do not file tax returns, you will need to submit copies of documentation regarding all of your income sources e.g., a benefit statement).
- · A copy of your State of Georgia Driver's License OR Identification Card
- Financial Hardship Statement (Briefly describe any financial hardships you may be facing, such as medical expenses, job loss, or other unforeseen circumstances that are impacting your ability to afford your property taxes).

## **Acknowledgment of Program Terms:**

I acknowledge that I have read and understand the program's terms and conditions, including any requirements related to maintaining eligibility and reporting changes in my financial situation.

I certify that the information provided on this application is true and complete. I authorize the Anti-Displacement Fund Program Administrator to review the application and to request and receive information from 3rd parties to verify its accuracy for the purpose of qualifying me for the program. I understand that providing false information on this application may disqualify me from receiving assistance through the Fund.

Owner Signature:		
Co-Owner Signature:_		
Date:		