

Rebuilding Together Montgomery County HOMEOWNER APPLICATION

SECTION 1 HOMEOWNER INFORMATION	<u>For Office Use Only</u>
Homeowner Name: _____	Date Received: _____
Address _____	Priority Funding: YES NO
City, State, Zip _____	LD _____ CND _____ CD _____

Home phone _____ Work phone _____ Cell Phone _____ Email _____	Date of Birth _____ Person to call if we can't reach you: Name _____ Phone _____ Relationship _____
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Number of years at this address _____ Do you make a monthly mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered 'yes' to the above question, are you current on your mortgage payments? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Please provide a copy of your most recent mortgage statement. Have you been cited for any housing code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ If yes, please provide a copy of the notification.	<i>Rebuilding Together may be able to make repairs on your home to help you save money on your energy bills. To assist us, please fill out as much of the following as you are able.</i> How much did you pay in bills last month? Gas: _____ Electric: _____ Month (for example, July): _____ How much did you pay in bills in the last year? Gas: _____ Electric: _____ Have you been a recipient of the county's weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____
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Please list this information for **ALL** people living in the home including the homeowner and any renters.

Name	Relationship	Age	Sex	Ethnicity/ Race	Disabled Y/N	Type of disability
	Homeowner					

Have you ever applied to or received services from Rebuilding Together? Yes No When? _____

I learned about Rebuilding Together from Property Tax Waiver Flyer TV Newspaper
 Social Worker Senior Center Friend/Neighbor Previous Recipient
 Other _____

If you need help filling out this application, please call our office at 301-947-9400 ext. 101.

SECTION 2 REPAIRS NEEDED		
Check if needed	Repair type	Brief description of repair needed, what rooms
<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	Painting (interior/exterior)	
<input type="checkbox"/>	Carpentry	
<input type="checkbox"/>	Roof	
<input type="checkbox"/>	Accessibility issues (ramp, grab bars)	
<input type="checkbox"/>	Heating or A/C	
<input type="checkbox"/>	Trash removal/yard work	
<input type="checkbox"/>	Flooring repair/replacement	
<input type="checkbox"/>	Appliance repair/replacement	
<input type="checkbox"/>	Energy efficiency/weatherization	
<input type="checkbox"/>	Repairs needing immediate attention	
<input type="checkbox"/>	Other	

SECTION 3 SOCIAL SERVICES	
<p>Do you or any family members who reside in the home have a social worker or caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⇒ If yes, social worker's name _____ Agency _____</p> <p>Phone Number _____</p>	
<p>Have you or an immediate family member currently living in the home ever served in the Armed Forces, National Guard or Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⇒ If yes, branch served _____ Dates _____ Rank at discharge _____</p>	
<p>With permission, RTMC may provide other programs with your contact information if we feel that program may benefit you. In these cases only your name, address and phone number will be given to the provider.</p> <p><input type="checkbox"/> I am willing <input type="checkbox"/> I am <u>not</u> willing for Rebuilding Together Montgomery County to provide other agencies with my contact information.</p> <p>Homeowner Signature _____ Date _____</p>	
<p>Please check any areas where you may need referral assistance.</p> <p><input type="checkbox"/> Energy assistance <input type="checkbox"/> Food assistance <input type="checkbox"/> Prescriptions <input type="checkbox"/> Tax Credit</p> <p><input type="checkbox"/> Clothing/household items <input type="checkbox"/> Other (please list) _____</p>	

SECTION 4 VERIFICATION OF INCOME

Please list all sources of income, taxable and nontaxable, for all residents in the home. Please send statements to verify income such as current tax returns and social security statements.

	Homeowner	Spouse or co-owner	Others in home
Wages, salary, tips			
Interest/Dividends			
Social security/SSDI benefits			
VA benefits			
Pensions/Annuities			
Alimony/child support			
Other income (list sources)			
Total Income			

Do you have any renters in your home? Yes No If yes, how much do they pay each month? _____

Do you own other property? Yes No

SECTION 5 HOMEOWNER AGREEMENT

I understand that Rebuilding Together Montgomery County (RTMC) is funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners or families with children who have no other means to afford home repairs. By signing this statement, I guarantee that I am eligible to receive this assistance:

(initial)

- _____ I do swear that the total annual income for all residents in my home is _____.
- _____ All able-bodied family members/visitors will work with RTMC volunteers on National Rebuilding Day if selected.
- _____ I own the property at the address listed, and this property is my full-time residence.
- _____ I have no present intention to move or offer my home for sale over the next five years.
- _____ I authorize RTMC to conduct such investigations as it deems necessary to confirm the safety of its volunteers, including the use of criminal background checks and consultation with the local police as to reports at the residence.
- _____ To verify my ability to maintain my property, I may be requested by RTMC to authorize a credit check prior to selection for National Rebuilding Day.
- _____ I certify that ALL information provided on this application is complete and correct.

Homeowner Signature _____

Date _____

Preparer Signature (if not homeowner) _____

Date _____

Printed name _____

Phone _____

Relationship _____

Will homeowner require an interpreter for site preview? _____

If yes, can homeowner arrange for an interpreter? _____

Application checklist:

- Completed and signed application
- Income verification, including recent tax return or W2
- Most recent mortgage statement
- Copy of code violation if you have been cited
- Other information important to your application

Return all information via mail or fax to:

Rebuilding Together Montgomery County
18225-A Flower Hill Way
Gaithersburg, MD 20879
PHONE: 301-947-9400, ext. 101 FAX: 301-947-9411

What is Rebuilding Together?

Rebuilding Together Montgomery County (RTMC) is a non-profit organization that works in partnership with community volunteers to provide free home repairs and accessibility modifications to help low-income homeowners remain safely and independently in their homes. The program is designed to help those who have no other means to complete needed repairs. Repairs are made through RTMC's National Rebuilding Day Program, Volunteer Handyman Program, Energy Efficiency Program, and/or Critical Needs Program. Repair work is done year-round.

- ⇒ Repairs are made to improve the safety, warmth and security of the recipient's home as well as to provide accessibility modifications. Repairs can include minor plumbing and electrical work; roofing, floor, wall, and ceiling repairs; energy efficiency and weatherization; some (limited) interior and exterior painting, installation of grab bars and building of ramps; trash removal and yard work.
- ⇒ Projects may be completed by community volunteers and family members working side-by-side. The costs of the repairs and modifications are fully covered through fees paid by sponsoring organizations and grants so there is never any cost to the homeowner.
- ⇒ All able-bodied family members or visitors in the home are expected to work along with the volunteers if selected for National Rebuilding Day Program.

How to qualify for Rebuilding Together

- ⇒ Homeowner(s) must own and live in the home that will be repaired. No exceptions.
- ⇒ Homeowner(s) must be current on their mortgage payments.
- ⇒ Homeowners must remain in their home for at least five years following the completed repairs.
- ⇒ Total household income must not exceed the amounts listed. Income from **ALL** residents in the home must be included in the total.
- ⇒ **Income limits:**

Number of people in home	Maximum income
1	\$ 34,454
2	\$ 39,376
3	\$ 44,298
4	\$ 49,220
5	\$ 53,176
6	\$ 57,132
7	\$ 61,042
8	\$ 64,998

How to apply

- ⇒ Complete the application and submit it to Rebuilding Together with the required documentation by mail or fax. Applications are accepted year-round. However, to be considered for National Rebuilding Day, the application must be received by February 10.
- ⇒ Applicants whose homes are selected for National Rebuilding Day will be notified in mid to late February.
- ⇒ Homeowners who meet the application requirements will be contacted for an appointment to preview the home. **Please be aware that this could take months to happen. You will receive written confirmation from our office that we have received your application.**
- ⇒ **RTMC is not an emergency service organization;** applications are received and reviewed on a first come-first served basis, and handled as funding come in. **This process might take months.**
- ⇒ Please call 301-947-9400, ext. 101 if you need help completing the application.