



**Our Mission:**

For the past thirty years, RTMC has provided free home repairs and accessibility modifications to help income-qualifying homeowners remain safely and independently in their homes. As a non-profit organization, we partner with local volunteers, businesses, and contractors in the community to provide our services. Our program is designed to help those who have no other means to complete needed repairs, and there is never any cost to the homeowner.

**We look forward to serving you!**

**Before submitting this application, please ensure you have:**

- Completed and signed the application (Sections 1 through 6)
- Attached income verification, such as most recent tax return
- Attached most recent mortgage statement
- Attached a copy of code violation if you have been cited
- Attached other information important to your application

**\*This page is for you to keep\***



**Return all information via mail or fax to:**

Rebuilding Together Montgomery County  
18225-A Flower Hill Way  
Gaithersburg, MD 20879

**Contact us with any questions or concerns:**

PHONE: 301.947.9400

FAX: 301.947.9411

WEBSITE: [www.rebuildingtogethermc.org](http://www.rebuildingtogethermc.org)

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**How to qualify for Rebuilding Together Montgomery County (RTMC):**

- ❑ Homeowner(s) must own and live in the home that will be repaired. **No exceptions.**
- ❑ Homeowner(s) must be current on their mortgage payments. If they are not, they must be able to provide RTMC with proof that they are working toward or have already obtained a loan modification and can afford the modified monthly payments.
- ❑ Homeowner(s) should remain in their home for at least two years following completed repairs.
- ❑ Applicant's home equity value must be under \$400,000.
- ❑ Total household income must not exceed the amounts listed. Income from **all** residents in the home must be included in the total.

**Income Limits**

<b>Number of people in home</b>	<b>Maximum Income</b>
1	\$44,100
2	\$50,400
3	\$56,700
4	\$63,000
5	\$68,050
6	\$73,100
7	\$78,150
8	\$83,200

**How to apply:**

- ❑ Complete the application and submit it to Rebuilding Together with the required documentation by mail or fax.
- ❑ You will receive written confirmation from our office that we have received your application.
- ❑ 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.*
- ❑ RTMC is not an emergency service organization; applications are received and reviewed on a first-come, first-served basis, and handled as funding comes in. *This process might take months.*

***If you need help filling out this application, or translation services,  
please call our office at: 301.947.9400***

<b>SECTION 1 HOMEOWNER INFORMATION</b>	For Office Use Only Date Received: _____
	<b>Homeowner Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____
	<b>Homeowner Name:</b> _____
	<b>Street Address:</b> _____
	<b>City, State, Zip:</b> _____
<b>Home Purchase Year:</b> _____	<b>Have you ever applied to or received services from RTMC?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, what year(s):</b> _____

**Please check the box next to your preferred phone number to be contacted at.**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Are you currently serving in the military?**

Yes  No  
 I am a veteran

**Are you the spouse or family member of a service member or veteran?**

Yes  No

**Are there pets in the home?**

Dog(s)  Cat(s)  None

**I learned about Rebuilding Together from:**

<input type="checkbox"/> City Agency	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Employer	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Friend	<input type="checkbox"/> Previous Recipient
<input type="checkbox"/> Internet	<input type="checkbox"/> Radio
<input type="checkbox"/> Mail	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Other:	

**Person to call if we can't reach you:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Do you have a mortgage for the house?**

Yes  No, my house is paid off  
 I have a reverse mortgage

**If you answered 'yes' to the above question, are you current on your mortgage payments?**

Yes  No

→ Please provide a copy of your most recent mortgage statement.

**Have you been cited for any housing code violations?**

Yes  No

→ If yes, please provide a copy of the notification.

**Do you own other property (besides the property you reside in)?**

Yes  No

→ If yes, please attach documentation of ownership and income (if applicable) for the property.



**PLEASE ENSURE YOU HAVE ATTACHED ALL NECESSARY DOCUMENTATION BEFORE PROCEEDING**

**SECTION 2 RESIDENT INFORMATION**

**Please list this information for ALL residents of the home, including the homeowner and any renters.**

Name	Relationship	Birthdate	Gender Identity	Race/Ethnicity (Check all that apply)	Disabled Y/N	Type of Disability
	<b>Homeowner</b>			<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		

**SECTION 3 INCOME VERIFICATION**

List all residents and sources of income for each, designating as either the monthly (/mo) or yearly (/yr) amount. Do not include renters or residents under the age of 16. Attach statements to verify income, such as current tax returns and/or social security statements.

	No source of income (check if applicable)	Wages, salary, and/or tips	Pensions/annuities	Social security, disability, unemployment, and/or survivor benefits	VA benefits	Alimony/child support	Proof of income included (check after attaching)
<b>Homeowner</b>	<input type="checkbox"/>	\$	\$	\$	\$	\$	<input type="checkbox"/>
Household Resident #1:	<input type="checkbox"/>	\$	\$	\$	\$	\$	<input type="checkbox"/>
Household Resident #2:	<input type="checkbox"/>	\$	\$	\$	\$	\$	<input type="checkbox"/>
Household Resident #3:	<input type="checkbox"/>	\$	\$	\$	\$	\$	<input type="checkbox"/>
Household Resident #4:	<input type="checkbox"/>	\$	\$	\$	\$	\$	<input type="checkbox"/>

If you have renter(s) in your home, how much do they pay each month? \_\_\_\_\_



**YOU MUST ATTACH DOCUMENTS THAT VERIFY ALL SOURCES OF INCOME IN THE HOUSEHOLD; WITHOUT VERIFICATION WE ARE UNABLE TO PROCESS YOUR APPLICATION**

**SECTION 4 REPAIRS NEEDED**

Check All Applicable	Repair Type	Description	Location in Home
<input type="checkbox"/>	<b>Accessibility issues (ramps, grab bars, etc.)</b>		
<input type="checkbox"/>	<b>Appliances (specify which)</b>		
<input type="checkbox"/>	<b>Carpentry/structure</b>		
<input type="checkbox"/>	<b>Doors and/or windows</b>		
<input type="checkbox"/>	<b>Electrical</b>		
<input type="checkbox"/>	<b>Flooring</b>		
<input type="checkbox"/>	<b>HVAC (furnace, heat pump, A/C)</b>		
<input type="checkbox"/>	<b>Painting (interior/exterior)</b>		
<input type="checkbox"/>	<b>Plumbing and/or pipes</b>		
<input type="checkbox"/>	<b>Roof and/or gutters</b>		
<input type="checkbox"/>	<b>Yard work and/or trash removal</b>		

**From the above list, please note the repairs that you feel are the most critical:**

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**→ Are you part of a homeowner's association?    Yes    No**

## SECTION 5 SOCIAL SERVICES

Do you or anyone residing in the home have a social worker/caseworker?  Yes  No

If yes, social worker's name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**With permission, RTMC may provide other programs with your contact information if we feel that program may benefit you. Only your name, address, and phone number will be given to the provider.**

I am willing  I am not willing for RTMC to provide other agencies with my contact information

**Referral assistance** (please check any areas that you would like to receive assistance in):

Energy assistance  Food assistance  Prescriptions  Tax Credit

Clothing/household items  Other (please list): \_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SECTION 6 HOMEOWNER AGREEMENT

I understand that Rebuilding Together Montgomery County (RTMC) is funded by charitable donations and grants to provide assistance to income qualifying homeowners **who have no other means to afford home repairs**. By signing this statement, I guarantee that I am eligible to receive assistance based on the following qualifications:

- I own the property at the address listed, and this property is my full-time residence.
- I am current on my mortgage payments or can provide proof I am working toward becoming current (or my house is already paid in full).
- I have no present intention to move or offer my home for sale over the next two years.
- The total annual income for all residents does not exceed the stated income limit.
- All able-bodied family members/visitors will work with RTMC volunteers on National Rebuilding Day if selected.
- I authorize RTMC to conduct such investigations as it deems necessary to confirm the safety of its volunteers/workers, including the use of available public records.
- I certify that all information provided on this application is complete and correct.

→ **We take your privacy very seriously, and all information provided will be held in confidence.**

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Preparer Signature (if not homeowner): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Will homeowner require an interpreter for site preview?  Yes  No

If yes, can homeowner arrange for an interpreter?  Yes  No