



Safe & Healthy Homes Program

Rebuilding Together Kent County leverages volunteers and contractors to provide free critical home repairs for income eligible homeowners in Kent County, Maryland.

Please note that applying does not guarantee that services will be provided. The process may take several months to complete, as we are not equipped to respond to emergency requests. Due to funding requirements, to be considered for assistance, a new application must be submitted each year.

Verify that you meet the eligibility criteria below before applying:

- Applicant owns the property;
- Applicant currently resides in the home; and,
- Residents' income is at or below the threshold (shown in the graph below). Note that the majority of our funds are restricted to households with income at or below \$46,450 or 50% of Area Median Income.

Residents	1	2	3	4	5	6
Annual Income	\$52,050	\$59,450	\$66,900	\$74,300	\$80,250	\$86,200

To apply for services, please submit the following:

- Application for Services
- Proof of Income Documents for **each** household resident. We require the following for each resident as they apply to the individual.
 - First page of most recent Federal Income Tax Return 1040, as well as Schedule 1. **Please black out social security numbers.** (If you file a **1040-SR**, please also include Page 2 of the 1040).

If a resident is below the threshold to file, we require **all** of the following (as they apply to each resident):

- Bank statements from three consecutive months in the last 6 months - **please black out account numbers**
- Social security or disability award/determination letter
- Pension and/or IRA distribution statements
- Child support or alimony order
- Three most recent payroll check stubs

If Proof of Income Documentation is missing/incomplete, application cannot be reviewed. **Again, please black out social security numbers and account numbers.**

Submit Documents by Mail or Email:

Rebuilding Together Kent County, PO Box 180, Chestertown, MD 21620

info@rtkc.org

SECTION 2 HOME INFORMATION

When was your home built? _____ Move in year? _____

What type of home do you have? Single Family Duplex/Row Mobile Apartment

Do you own your home? Yes No Do you have homeowner's insurance? Yes No

Do you have a mortgage? Yes No Is it current? Yes No

Are there existing liens on your property? Yes No

Are your property tax payments current? Yes No

Use the space below to describe the repairs and/or needed in your home.

Repair Area	Needed?	Brief Description
Bathroom	<input type="checkbox"/> Yes	
Deck/Porch/Stairs	<input type="checkbox"/> Yes	
Doors	<input type="checkbox"/> Yes	
Flooring	<input type="checkbox"/> Yes	
Grab Bars/Handrails	<input type="checkbox"/> Yes	
Kitchen	<input type="checkbox"/> Yes	
Ramps/Lifts	<input type="checkbox"/> Yes	
Roof/Gutters	<input type="checkbox"/> Yes	
Windows	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> Yes	

Please list the repairs that you think are most critical (your top priorities):

1. _____
2. _____
3. _____

SECTION 3 OTHER HOME RESIDENTS

List the names and information for all other people that live in the home (attach a separate page if needed).

Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Disabled: Yes No Veteran: Yes No Spouse of a Veteran: Yes No

Relationship to you: Child Spouse/Partner Roommate Other Relative _____

Ethnicity: Asian Black Native American Latino White Other _____

Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Disabled: Yes No Veteran: Yes No Spouse of a Veteran: Yes No

Relationship to you: Child Spouse/Partner Roommate Other Relative _____

Ethnicity: Asian Black Native American Latino White Other _____

Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Disabled: Yes No Veteran: Yes No Spouse of a Veteran: Yes No

Relationship to you: Child Spouse/Partner Roommate Other Relative _____

Ethnicity: Asian Black Native American Latino White Other _____

Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Disabled: Yes No Veteran: Yes No Spouse of a Veteran: Yes No

Relationship to you: Child Spouse/Partner Roommate Other Relative _____

Ethnicity: Asian Black Native American Latino White Other _____

Please use the space below to list all income for every person living in the home (attach a separate page if needed).

Family Member Name	Wages/ Salary	Social Security	Disability	Pension	Other	Total Annual Income
Homeowner						
Resident 2						
Resident 3						
Resident 4						
Total						

SECTION 5 HOMEOWNER AGREEMENT

Rebuilding Together provides home repairs for limited income homeowners who are unable to do the work themselves. Homeowner(s) understand and affirm the following:

- Homeowner(s) will not be charged for the work performed on the home.
- It is the homeowner(s) intention to remain in the home, barring catastrophic illness or death, for a minimum of two years after completion of repair work performed.
- Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Rebuilding Together if I/we sell, rent or accept a contract for sale of the home while work is being completed by Rebuilding Together or within two years after such work is completed.
- The labor may be performed by skilled & unskilled volunteers.
- None of the work done is warranted or guaranteed.
- The work to be done will be previously discussed, and agreed upon, with me/us by a representative or contractor of Rebuilding Together and I/we understand that there is no guarantee regarding the amount of work which Rebuilding Together may complete.
- In consideration of the work to be performed free of charge by Rebuilding Together for the benefit of the homeowner(s), homeowner(s) agree to release and hold Rebuilding Together, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising from such work.
- Homeowner(s) and any able-bodied family member may work alongside the volunteer group to make necessary repairs to the home.
- Homeowner(s) consents to photographs, video and audio recordings of the home, family and volunteers being taken by Rebuilding Together staff and volunteers while working on the home and authorizes Rebuilding Together to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing its programs or other lawful purpose.
- Homeowner(s) understand that if homeowner(s) or any family member disrupts the work of the volunteers during the work day, Rebuilding Together will not perform or complete the repairs on the home.
- Homeowner(s) are aware that Rebuilding Together will need to remove, discard, or relocate objects within the home to enable the individual and/or family members to remain living in a safe, sanitary and healthy environment.
- Homeowner(s) understand that if the volunteers are placed in an unsafe work environment that Rebuilding Together will not perform or complete the repairs on the home.
- I allow Rebuilding Together to check the validity of the personal information I have provided to the program that is required to establish my eligibility for this service.

I/We certify that the information on this application is accurate and that I/we own the property at the address given on this application. I/We hereby release Rebuilding Together and all associated with it from any and all liability whatsoever.

Homeowner(s) Signature

Date

Homeowner(s) Signature

Date

Preparer Signature* _____ **Date** _____

* If you are not the homeowner, but are assisting the homeowner(s) in completing this application, please provide the following information in addition to your signature:

Print Name: _____ Phone: _____

Email: _____ Relationship to homeowner: _____

Optional Question: Please use the space below to tell us about how these repairs will help you to remain in your home.