

Rebuilding Together of Queen Anne's of County, Inc.
P.O. Box 73, Centreville, Md. 21617 443-239-6163
Email: rebuildingtogetherqac@gmail.com
HOMEOWNER APPLICATION

SECTION 1 HOMEOWNER INFORMATION:

NAME:

STREET:

CITY: STATE: MD ZIP CODE:

PHONE:

MAILING ADDRESS, IF DIFFERENT:

NAME ON THE TITLE of the HOME IF DIFFERENT FROM ABOVE:

NAME of PRIMARY CONTACT IF NOT HOMEOWNER:

PHONE NUMBER:

RELATIONSHIP TO OWNER:

SECTION 2: Household Income: Please include wages, pension, social security, food stamps and emergency cash assistance received from the county for each resident of the household Do not include income of renters or full time paid assistants that you pay who live in your home.

Name (Include Yourself)	Gender M/F	Birth Date	Income (Monthly)	Disabled	Veteran/ Spouse of Veteran	Ethnicity: (Not Required)

Total Household Income per Month:

Rental Income per Month:

Year to date Medical Expenses?

Do not include expenses paid by insurance companies, Medicare or Medicaid. Expenses will be subtracted from your annual income.

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SECTION 3: GENERAL PROPERTY INFORMATION:

Type of Dwelling:

Year Built:

Do you have a regular trash collection service?

Are the requested repairs a result of county code violation or an insurance code violation?

Please include a copy of the notice of required repairs.

Section 4: REPAIRS REQUESTED

<input type="checkbox"/>	Foundation	
<input type="checkbox"/>	Underpinning	
<input type="checkbox"/>	Siding/Exterior Walls	
<input type="checkbox"/>	Floors	
<input type="checkbox"/>	Insulation	
<input type="checkbox"/>	Inside Walls/Ceilings	
<input type="checkbox"/>	Roof	
<input type="checkbox"/>	Windows/Doors	
<input type="checkbox"/>	Porch or Steps	
<input type="checkbox"/>	Wheelchair Ramps	
<input type="checkbox"/>	Electrical/Plumbing	
<input type="checkbox"/>	Yard Cleanup	
<input type="checkbox"/>	Interior Painting	
<input type="checkbox"/>	Exterior Painting	
<input type="checkbox"/>		

Please provide additional information on your home or financial situation to be considered by the Board when reviewing your application for eligibility for repair.

Signature of Applicant: