

Free Home Repair Services — Now Accepting Applications!

We are currently accepting applications for **Free Home Repair Services**.

To have your home considered for repairs, please submit:

- 1. A complete application form (attached).
- 2. Current ID required
- 3. A **copy of the most recent income documents** for each household resident.

Acceptable income documents include:

- Your 2 most recent bank statements AND All Pages of your statement:
 - Social Security Income or Disability Statement (2025)
 - Pension/Annuity Statement (2025)
 - 2 Full month pay stubs (if currently employed)

Important: Please block out account numbers before submitting your documents.

If RTDCA doesn't receive all pages and documents required, your application will be denied.

How to Apply:

Send your completed application and required documents to:
Rebuilding Together DC Alexandria
101 Xenia Street, SW
Suite 102
Washington, DC 20032

Phone: 202-800-6032

For any questions, please contact:

Oliver Roy, or@rebuildingtogetherdca.org



Contact Information

Name of Homeowner(s):						
Home Address:						
Address:	City:	State:	Zip:			
Date of Birth:Email	l:					
Phone Number: (Mobile/Home)						
Local Emergency Contact Name:			<u> </u>			
Relationship to applicant:	Phone number:					
Home Address:						
PLEASE CHECK THE WORK NEEDED (We do not guarantee every item will be repaired)						
☐ Roof Leaks/Gutters ☐ Plumbing ☐ Electrical ☐ Heating/Cooling ☐ Appliances ☐ Doors ☐ Windows ☐ Safety Concerns						
Have we worked in your home before? □ Yes □ No						
The following is for demograp (Ple	phic purposes only and we ease check what is app	•	y confidential			
9 .	ease check what is app acific Islander □ Black/A	licable)	-			
(Ple ☐ American Indian/Alaskan ☐ Asian/Pa	ease check what is app acific Islander □ Black/A	licable)	-			
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(Ple ☐ American Indian/Alaskan ☐ Asian/Pa ☐ White/Caucasian ☐ Other: Historic Property? ☐ Yes ☐ No	ease check what is appeacific Islander Black/A	fricable) frican American under 18 living in your	☐ Hispanic/Latino			
(Ple ☐ American Indian/Alaskan ☐ Asian/Pa ☐ White/Caucasian ☐ Other: Historic Property? ☐ Yes ☐ No How long have you lived here?	ease check what is appeacific Islander Black/A	fricable) frican American under 18 living in your	☐ Hispanic/Latino			
(Ple ☐ American Indian/Alaskan ☐ Asian/Pa ☐ White/Caucasian ☐ Other: Historic Property? ☐ Yes ☐ No How long have you lived here? Military Service: Are you a veteran or sp	ease check what is appearing it is appeared to the second	fricable) frican American under 18 living in your es □ No	☐ Hispanic/Latino			
American Indian/Alaskan Asian/Pa White/Caucasian Other:	ease check what is appearing it is appeared to the second	fricable) frican American under 18 living in your es □ No	☐ Hispanic/Latino			
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American Indian/Alaskan Asian/Pa White/Caucasian Other:	ease check what is appearing it is appeared to the second	fricable) frican American under 18 living in your es □ No	☐ Hispanic/Latino			



Detailed Homeowner Application 2025-2026

DC · Alexandria

Α	Are you current or	n property ta	ıxes? □ Yes	s 🗆 No)			you current on	nt on your prope your mortgage e this space to e	payments? If
Δ	Are you current on your Homeowners insurance? Yes No									
Α	Are you current on your Mortgage Payments? □ Yes □ No									
S	Signature:									
p	f you are not curre ayments in the sp provide evidence of locuments).	pace provide	ed and if you	u are i	on a p	ayment plan	(please			
[DISABILITY INF	ORMATIC	N							
Е	Do you have a d	isability? □] Yes □ No)						
	Does anyone els	se in your h	ome have	a dis	ability	? □ Yes □	No			
_E	Relationship to I	Homeowne	r:							
<i>إ</i>	Oo any of the really Are you currently Proof of income Total number of	y employed	d? □ Yes □ ement and T	□ No one o	ther: S	Social Securit	y Benefit/Per e: \$	nsion/Annuity		
	Name				Sex	Date of Birth	Relationshi	' ' '	Disability	Veteran
					M/F			Y/N	Y/N	Y/N
					M/F			Y/N	Y/N	Y/N
					M/F			Y/N	Y/N	Y/N
					M/F			Y/N	Y/N	Y/N
	Number of people living in the home	1	2	;	3	4	5	6	7	8
	Household income (less than)	74,800	\$85,450	\$96	,150	\$106,800	\$115,350	\$123,900	\$132,450	\$141,000



Signature:__

Detailed Homeowner Application 2025-2026

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Please visit our <u>website</u> for the resource guide if you need additional assistance.

HOMEOWNER AGREEMENT				
Rebuilding Together DC • Alexandria (RTDCA) offers a free home repair program for limited-income homeowners who are unable to complete necessary repairs themselves.				
Homeowner(s) Obligations:				
By initialing this agreement, I understand and agree to the following:				
Work is not guaranteed. I acknowledge that applying for assistance does not guarantee that repairs will be performed. If selected, all repairs will be completed by contractors or volunteers.				
There is no cost to me as the homeowner. I acknowledge that all repairs provided by RTDCA are free of charge. These repairs are funded through donations, grants, and volunteer labor, and I am not required to provide financial compensation for the services received.				
I am required to participate as a volunteer. I will assist to the best of my ability during the workday. Additionally, any able-bodied adult family members or friends present at the home on the workday are also expected to volunteer.				
I will not request work outside the approved scope. I understand that I may not ask volunteers or contractors to perform work that is not explicitly included in the agreed-upon scope of work.				
I will send a thank-you note. I agree to send a thank-you letter to RTDCA, which may be shared with the volunteer team that completes work on my property.				
Homeowner Representations & Warranties:				
By initialing below, I represent and warrant that:				
I own the property. I certify that I am the legal homeowner of the property listed in my application (the "Property").				
To my knowledge, there are no hazardous materials. I affirm that, to the best of my knowledge, there are no hazardous materials (such as asbestos, lead, or mold) present in or on the property.				
I will respect the work process. If I or any family member disrupts the volunteers' work, refuses to assist, or leaves the site during the workday, RTDCA reserves the right to cease work and withdraw services.				
I agree to reside in the home as my primary residence for at least 24 months following the completion of repairs, except in case of death.				
If I rent out any portion of the home within this period, I will either reimburse RTDCA for its out-of-pocket repair costs or make a \$3,000 donation, whichever is greater.				
If I sell or transfer ownership within 24 months, I will notify RTDCA in writing at least 30 days before closing and, at closing, either reimburse RTDCA for its full repair costs or make a \$3,000 donation, whichever is greater.				
I release RTDCA. I release Rebuilding Together DC • Alexandria and all affiliated individuals from any liability related to the work performed.				
I consent to media use. I further consent to the unrestricted use by the program and/or any person authorized by RTDCA of any photos, recordings, interviews, videotapes, or similar visual & auditory recordings of me created regarding the program.				
The information I provided is accurate. I affirm that all the information I have provided in my application is true and complete.				
Signature & Acknowledgment:				
I acknowledge that I have read (or had read to me) this agreement, understand its terms, and voluntarily agree to all conditions.				
I understand that failure to comply with these obligations may result in disqualification from the program or the termination of services.				
By signing below, I agree to the terms and conditions outlined in this agreement.				
Homeowner Signature: Date:				
Homeowner Name (Printed):				
Rebuilding Together DC • Alexandria Representative:				

Date: _____



Name:		
Address:		
Date:	_	
	cuments I provided Rebuilding Togusehold receive. I/we further certif	
Client signature	Printed name	 Date
Client signature	 Printed name	

The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the US Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United Stats Government.