



Free Home Repair Services — Applications Now Open!

Rebuilding Together, DC Alexandria (RTDCA) is now accepting applications for Free Home Repair Services.

How to Apply

To have your home considered for repairs, please submit the following:

1. Completed Application Form (attached)
2. Current Photo ID
3. Proof of Income for *each* household member

Acceptable Income Documents

Please include copies of your most recent documents, such as:

- Your two most recent bank statements (including *all* pages)
- Social Security Income or Disability Statement (2026)
- Pension or Annuity Statement (2026)
- Two full months of pay stubs (if currently employed)

Important: Before submitting, please redact (block out) account numbers for your privacy.

Incomplete applications will not be processed.

If RTDCA does not receive all required pages or supporting documents, your application will be denied.

If we are unable to reach you after three contact attempts (via phone, email, or mail), you may be disqualified from receiving services for this fiscal year.

Submit Your Application

Mail or deliver your completed application and all required documents to:

Rebuilding Together DC Alexandria
101 Xenia Street SW, Suite 102
Washington, DC 20032

Phone: 202-800-6032 ext. 502
Email: NL@RebuildingTogetherdca.org



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Contact Information

Name of Homeowner(s):
Home Address:
Date of Birth: _____ Email: _____ Phone Number: (Mobile/Home)
Local Emergency Contact Name: _____ Relationship with applicant/s: _____ Phone number: _____ Home Address:
<p>PLEASE CHECK THE WORK NEEDED (We do not guarantee every item will be repaired)</p> <p><input type="checkbox"/> Roof Leaks/Gutters <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Heating/Cooling <input type="checkbox"/> Appliances <input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Safety Concerns</p> <p>Have we worked in your home before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The following is for demographic purposes only and will be kept completely confidential (Please check what is applicable)</p> <p><input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____</p> <p>Historic Property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How long have you lived here? _____ Are there any children under 18 living in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Military Service: Are you a veteran or spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently serving? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever served in the: <input type="checkbox"/> U.S. Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine <input type="checkbox"/></p> <p>Other Years of Service: _____</p>



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Are you current on property taxes?

Yes No

Are you current on your property taxes? Are you current on your mortgage payments? If not, please use this space to explain your situation:

Are you current on your Homeowners insurance?

Yes No

Are you current on your Mortgage Payments?

Yes No

Signature: _____

If you are not current, please tell us how many months behind your payments are in the space provided and if you are on a payment plan (please provide evidence of such with the rest of the required income verification documents).

DISABILITY INFORMATION

Do you have a disability? Yes No

Does anyone else in your home have a disability? Yes No

Relationship to Homeowner

Do any of the residents pay rent? Yes No If yes, how much per month?

Are you currently employed? Yes No

Total number of residents: _____ Total Household Income: \$ _____

Household/Resident(s) Information

Name	Sex M/F	D.O.B.	Relationship	Employed Y/N	Disability Y/N	Veteran 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

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 initializing this agreement, I understand and agree with the following:

____ Work is not guaranteed. I acknowledge that applying for assistance does not guarantee that repairs will be carried out. 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.** Yes, __ NO__ 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.** RTDCA reserves the right, at its sole discretion, to discontinue services and/or decline to serve clients whose behavior is combative, threatening, or interferes with the safe and effective delivery of 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 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:

Signature: _____ Date: _____

Affidavit



DC · Alexandria

Name: _____

Address: _____

Date: _____

I/we certify that the income documents I provided Rebuilding Together DC Alexandria are the only source of income I/my household receive. I/we further certify that this information is complete and accurate.

Client signature

Printed name

Date

Client signature

Printed name

Date

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 States Government.