



City of Takoma Park Maryland  
**EMERGENCY TREE FUND**  
**HOMEOWNER APPLICATION**

The Emergency Tree Fund Program provides assistance to income eligible homeowners unable to afford to pay for removal of hazardous trees on private property. If selected to participate in the program, approved tree work will be completed by a licensed contractor under the direction of the City. Prior to the City assigning a contractor, homeowners will be required to enter into an agreement with the City identifying the specific work that will be performed on their behalf and detailing their obligations under the program. Approved work will be done at no cost to the homeowner. Stump grinding is not included.

**SECTION 1: APPLICANT INFORMATION**

|   |         |  |              |
|---|---------|--|--------------|
| Name of Homeowner                               |         |  |              |
| Street Address                                  |         |  |              |
| Phone Number                                    | Daytime | Email Address                            |              |
|   | Cell    |  |              |
| Number of people living in the house            |         | Do you own other property?               |              |
| Number of years at this address                 |         | <i>If yes, list address</i>              |              |
| Do you have a mortgage?                         |         | Do you have any renters?                 |              |
| Is your mortgage payment current?               |         | <i>If yes, amount of monthly rent</i> \$ |              |
| Alternate Contact (in case we cannot reach you) |         |  | Relationship |
| Phone Number                                    | Daytime | Email Address                            |              |
|   | Cell    |  |              |

**SECTION 2: HOUSEHOLD MEMBERS.** This information is required for of the homeowner and ALL of the people living in the home regardless of their age or familial relationship.

| Name | Relationship | Date of Birth | Ethnicity<br>Race | Disabled<br>Yes / No |
|------|--------------|---------------|-------------------|----------------------|
|      | Homeowner    |               |                   |                      |
|      |              |               |                   |                      |
|      |              |               |                   |                      |
|      |              |               |                   |                      |
|      |              |               |                   |                      |
|      |              |               |                   |                      |

**SECTION 3: ANNUAL HOUSEHOLD INCOME.** List ALL sources of income – both taxable and nontaxable –

for ALL of the members of the household. Documentation of all sources of income including but not limited to current tax returns and social security statements must be provided to the City before your application will be considered.

| <b>Source of Income</b>            | <b>Homeowner</b> | <b>Other</b> | <b>Other</b> | <b>Other</b> |
|------------------------------------|------------------|--------------|--------------|--------------|
| Wages, Salary, Tips                | \$               | \$           | \$           | \$           |
| Interest / Dividends               | \$               | \$           | \$           | \$           |
| Social Security/ SSDI Benefits     | \$               | \$           | \$           | \$           |
| VA Benefits                        | \$               | \$           | \$           | \$           |
| Pensions / Annuities               | \$               | \$           | \$           | \$           |
| Alimony / Child Support            | \$               | \$           | \$           | \$           |
| Rental Income                      | \$               | \$           | \$           | \$           |
| Income from Business               | \$               | \$           | \$           | \$           |
| Other - list all sources of income | \$               | \$           | \$           | \$           |
|                                    | \$               | \$           | \$           | \$           |
|                                    | \$               | \$           | \$           | \$           |
|                                    | \$               | \$           | \$           | \$           |
| <b>Total ANNUAL Gross Income</b>   | \$               | \$           | \$           | \$           |

**ELIGIBILITY REQUIREMENTS**

To qualify for the Emergency Tree Fund Program, the homeowner must own and live in the house and meet the income eligibility requirement noted in the table to the right. These numbers correspond with 85% of median household income for Montgomery County, as set by the Maryland Department of Housing and Community Development.

| <b>HOUSEHOLD SIZE</b> | <b>MAXIMUM ANNUAL GROSS INCOME</b> |
|-----------------------|------------------------------------|
| 1                     | \$61,253                           |
| 2                     | \$69,966                           |
| 3                     | \$78,731                           |
| 4                     | \$87,444                           |
| 5                     | \$94,456                           |
| 6                     | \$101,469                          |
| 7                     | \$108,481                          |
| 8                     | \$115,441                          |

Updated December 2021

**SECTION 4: REQUESTED TREE REMOVAL:** Please describe the tree in need of removal

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|  |
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**SECTION 5: REQUIRED DOCUMENTATION.** Please attach the following items to the application.

|  |   |
|--|---|
|  | Most Recent Mortgage Statement (ONLY if there is a mortgage on the house.)  |
|  | Verification of Homeowners Insurance  |
|  | Income Documentation including, but not limited to, the most recent completed Federal Income Tax Return, Social Security Benefit Statement, SSA Benefits or Budget Letter, etc. |

**SECTION 6: APPLICANT CERTIFICATION**

By signing this application, I certify that I own the property identified herein Section 1, that it is my primary residence, and that there are no present plans to offer this property for sale or for rent over the next two years. I further certify that the information contained within this application is a true and accurate accounting of the members of my household and of the total gross annual income of the household.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Preparer's Signature (if not the homeowner)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**RETURN THE COMPLETED APPLICATION AND  
ALL SUPPORTING DOCUMENTATION TO**

City of Takoma Park - Public Works  
Attention: Urban Forest Manager  
31 Oswego Ave  
Silver Spring MD 20910

301.891.7612  
UrbanForestManager@TakomaParkMD.gov