

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.

Source of Income	Homeowner	Other	Other	Other
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	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total ANNUAL Gross Income	\$	\$	\$	\$

ELIGIBILITY REQUIREMENTS

To qualify for the Hazard Tree Assistance 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 adopted by the Maryland Department of Housing and Community Development.

HOUSEHOLD SIZE	MAXIMUM ANNUAL GROSS INCOME
1-Person	\$70,922
2-Person	\$81,016
3-Person	\$91,163
4-Person	\$101,256
5-Person	\$109,384
6-Person	\$117,459
7-Person	\$125,588
8-Person	\$133,663

Updated May 2023

SECTION 4: REQUESTED TREE REMOVAL / Pruning: Please describe the work needed.

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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