Homeowner Application
Please Complete and Return by
NOVEMBER 1, 2015

Christmas in April*Prince George's County
7915 Malcolm Road, Suite 102
Clinton, MD 20735

This program is for the ELDERLY and/or DISABLED.
Application must be completed in full.
Christmas in April reserves the right to reject incomplete applications.
(Please print. Information provided is kept confidential.)

SECTION 1 Homeowner Information

Name and **Age** of all homeowner(s) on title:

_____ **Age:** _____

_____ **Age:** _____

Homeowner(s) **Address:** _____

City: _____ **Zip:**_____

Homeowner Phone: (_____)_____

If no phone, please give a **Name** & **Phone#** of a friend/neighbor through whom we can reach homeowner: _____(_____)_____

Is homeowner **Employed? Yes / No** (circle one)

If Yes, **Name of Employer:** _____

Salary: _____

Approximate **Year** home was **built:** _____ Approximate **Market Value: $**_____

Number of **Years** homeowner has resided **at this address:** _____

Please **circle** all that apply in describing this house:

One story / One and a half story / Two story / Brick / Wood frame
Sidings / Basement / Flat roof / Pitched shingled roof

Please list all people living at this address. (Attach a separate sheet if more space is needed).

Please give **Name, Age, Relationship to Homeowner**, & **Disabilities** (if any) for each:

_____

_____

_____

_____

_____

_____

_____

_____

In case of emergency, the Christmas in April office should call:

Name: _____ **Phone:** (_____)_____

Relationship to Homeowner: _____

Number of homeowner's **children** living in or around Prince George's County: _____

Explain **why repairs cannot be done** by **homeowner** or **family members:**

_____

_____

SECTION 2 Special Needs

Is the **homeowner disabled? Yes / No** (circle one)
Is **anyone else** in the home **disabled? Yes / No** (circle one)
If yes to either of the above, please circle below all that apply:

Hearing impaired / Sight Impaired / Wheelchair Bound
Mentally Challenged / Uses a Walker / Other:

Please describe any **health concerns** that anyone living in the house has of which we should be aware: _____

_____

Total **number of persons** in household: _____
Total **number of elderly** persons in household: _____
Total **number of handicapped persons** in household: ____.
Is head of household **female? Yes / No** (circle one)
Is head of household a **single parent? Yes / No** (circle one)
Please **circle** home owner's **ethnicity:**

White / African American / American Indian / Alaskan Native
Hispanic / Asian/Pacific Islander / Middle Eastern / Other:

Please list three **references** (including at least one neighbor). Please give **Name**, **Address**, **Phone#**, and **Relationship to Homeowner** for each:

1. _____

2. _____

3. _____

Does homeowner **own this home? Yes / No** (circle one)

Is the homeowner's **name on** the **Title** to the house? **Yes / No** (circle one)

Number of **Bedrooms:** _____ Number of **Bathrooms:** _____

Does homeowner **own any other homes? Yes / No** (circle one)

Why does homeowner feel he/she should be selected for the Christmas in April program and **how** will it help him/her? Please **circle** any of the following that apply and **give** us any **additional information** about homeowner that will be **helpful in evaluating** this application:

Widowed / Unemployed / Retired / Unable to work / Single parent

_____

_____

_____

SECTION 3 Income and Home Expenses

Please circle the approximate **combined yearly income** for all occupants of this home:

Under $10,000 **$10,000 to $20,000** **Over $20,000**

Is this home **insured** under a homeowner's policy? **Yes / No** (circle one)

Are **real estate taxes paid** and up to date? **Yes / No** (circle one)

After paying **monthly bills** (gas, electric, insurance, food, phone, medicine, etc.) approximately $_____ is **left over to spend on** house **repairs**. (Include income of ALL people living in the house)

Are there **plans to sell** this home in the next 18 months? **Yes / No** (circle one)

SECTION 4 Type of Work to be Done

Should this home be approved for this program, what are the **four most important repairs** needed? Rebuilding Day is a ONE day event. Please keep this in mind when considering the work that can be accomplished at this home. Describe the work needed and be as specific as possible. The final decision on what work can be done with our time and resources will be made by Christmas in April. Our volunteers work for 6 hours on the one day and they may not be able to make all the repairs. Christmas in April * Prince George's is NOT ABLE to replace roofs we can only do minor repairs to existing roofs. If you are in need of a new roof please contact the Department of Housing (301-883-5570) to request information / assistance from them.

1._____

2._____

3._____

4._____

SECTION 5 Media and Publicity

How did you **hear about** Christmas in April? (please circle one)

TV Radio Newspaper Friend Neighbor Internet Other:

The person to **contact** in regard to this application is (circle one) **Homeowner / Other**.

If Other, please indicate **Name**, **Relationship to homeowner** and a **Daytime** (home or work) **Phone** number: _____

Do you know of **anyone else** who would **benefit** from the Christmas in April Program?

If yes, please list their **Name(s)** and **Address(es)**:

_____

_____

_____

If Christmas in April selects this home to be repaired, is the homeowner **willing to have** his/her **picture taken** and/or to **be interviewed** by the press. (The Journal, The Washington Post, The Sentinel, etc.) or a Christmas in April volunteer? (please circle one)

Yes (Press coverage is OK) **No** (Homeowner does not want Press coverage)

(This answer protects homeowner's privacy. It has NO bearing on whether or not this home is accepted into the program.)

Has homeowner (or homeowner's agent) **applied in the past** for the assistance of Christmas in April? **Yes / No** (circle one)
Has homeowner been **helped** by Christmas in April **in previous years**? **Yes / No** (circle one) If yes, in what year(s)? _____
Please provide exact, detailed, **road directions** (and landmarks) from the Beltway to this home: _____

_____

_____

SECTION 6 Homeowner Agreement

Does the homeowner understand that **volunteers** will be doing the **work** on **ONE Day Only**? **Yes / No** (circle one)

If this home is selected, we expect **able-bodied family and friends** to **help**. Will this happen? **Yes / No** (circle one) If yes, please indicate who will help: _____

_____

If no, please indicate why will no one help: _____

_____

It is my/our intention to remain in the Home, barring catastrophic illness or death, for a minimum of two (2) years after completion of repair work performed. _____ (initial)

Homeowner(s) will be responsible for reimbursing the cost of supplies and labor to Christmas in April*Prince George's County if I/we sells, rents or accepts a contract for sale of the Home while work is being completed by Christmas in April*Prince George's County or within two (2) years after such work is completed.
_____ (initial)

Homeowners certify that the above information is true and correct to the best of homeowners' knowledge. Homeowners realize that failure to provide all information requested could result in this application being invalid. Homeowners authorize Christmas in April * Prince George's County to check any references necessary to complete the processing of this application for the purpose of receiving housing repairs through Christmas in April * Prince George's County. Homeowners also understand that any information received will be kept confidential and will be used strictly for determining homeowners' eligibility for the program. Homeowners have read the information provided by Christmas in April * Prince George's County and have a basic understanding of the program and its limitations. Homeowners give Christmas in April * Prince George's County permission to inspect this home for the purposes of house selection.

Homeowner(s) Signature:

_____

_____

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Your Name: _____

Phone: _____

Relationship to the Homeowner: _____

Is the **homeowner aware** of this application? **Yes / No** (circle one)

Maryland's Developmental Disabilities Administration (DDA) may fund services such as supported employment, day, residential, and individualized support services to include disability related home modifications for individuals with developmental disabilities. If you are an individual with a developmental disability including, but not limited to, Autism, Cerebral Palsy, Down syndrome, or Intellectual Disability, you are encouraged to complete an application for DDA services. For more information, see www.dda.dhmh.maryland.gov or visit Resource Connections Inc. at www.resconnect.org

Are you a Veteran? _____ Yes _____ No

Please initial the following two (2) items and return to:

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_____ (initial)