

APPLICATION FOR ASSISTANCE

Please complete and return by October 15, 2009

All portions of this application must be completed in full. Christmas in April reserves the right to reject incomplete applications. If necessary, get help so that rejection for incompleteness does not occur.

Christmas in April * St. Mary's County is a local chapter of Rebuilding Together (Christmas in April), a national volunteer organization that, in partnership with the community, rehabilitates the houses of low-income homeowners, particularly the elderly and disabled, so that they may live in warmth, safety and independence. We also provide help through work on community facilities.

After months of extensive planning and preparation, our work occurs primarily in the month of April, culminating in a National Rebuilding Day, the last Saturday on **April 24, 2010**. Volunteers work for six to eight hours and **may not be able to complete all repairs desired**. If your home is chosen for the Christmas in April program, there will never be a charge for our service.

Name(s) and Age(s) of Homeowner(s): _____

Street Address:

Mailing Address (if different from Street Address):

Homeowner's Telephone Number: _____

Contact Person: _____ Telephone No.: _____

Directions

(Exact, detailed road directions—and landmarks—to your home)

Directions to your home:

List names and ages of all persons residing in the home (homeowner must reside full-time in the home):

Name Age Disability, if any

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If homeowner is disabled, indicate special needs (wheelchair or walker, hearing impaired, sight, etc.)

The total combined income for the occupant(s) of this home is:

\$ _____ Income (per month)

Are you, or anyone else residing in your home, presently working at a job?

_____ Yes _____ No **If yes, where** _____

Do you, or anyone living with you, operate a business from your home? _____

Besides this money from income, do you, as homeowner(s) have any other source of funds? For example: savings accounts, trust accounts, annuities, etc.? If so, explain:

Have you ever received rehabilitation assistance (for example: weatherization)

_____ Yes _____ No

If so, from whom? _____

deed, property tax receipt, or other documents as proof of ownership **on the day my home is previewed**. I personally reside in my home.

Signature of Homeowner _____

If someone other than the homeowner prepares or helps prepare this form, please complete the following:

Is the homeowner aware of this application? Yes No

Name of person preparing, assisting, or referring this application:

Name: _____ Daytime Phone Number: _____

Agency or Relationship to applicant: _____

Signature: _____

You will be visited by a member of the Christmas in April * St. Mary's County House Selection Committee to review your application and inspect your home for potential improvements. You will be contacted about the inspection visit sometime in the Fall of 2009.

If you find that you have any changes to make to this form, after you have mailed in the completed application, please call Christmas in April * St. Mary's County at (301) 863-2905.

A letter will be mailed to you in late December 2009 or early January 2010 to inform you whether your home is chosen for the upcoming year's Christmas in April program