



# Christmas in April® ★ Cecil County

P.O. Box 2303 • Elkton, Maryland 21922  
443-907-5289

[www.christmasinaprilcecilcounty.org](http://www.christmasinaprilcecilcounty.org)

**HOMEOWNER APPLICATION**  
**APPLICATION MUST BE COMPLETED AND RETURNED**  
**CHANNEL 2 PROJECT APPLICATION – EMERGENCY REPAIR - 2009**

Mail to: Christmas In April\* Cecil County  
P.O. Box 2303  
Elkton, MD 21922-2303

This program is for the ELDERLY, LOW INCOME and/or DISABLED/HANDICAPPED.  
Applications must be completed in full.  
Christmas In April\* Cecil County reserves the right to REJECT incomplete applications.  
(Please print. Information provided is kept confidential.)

## **SECTION I - HOMEOWNER INFORMATION**

Name/Age of Homeowner(s) on title:

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Homeowner(s) Address:

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Homeowner Phone Number : \_\_\_\_\_

If no phone, please give and Name and Phone Number of a friend/neighbor who could reach Homeowner(s):

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Is Homeowner(s) employed:

Yes \_\_\_\_ No \_\_\_\_ If yes, Name of Employer: \_\_\_\_\_  
Salary: \_\_\_\_\_

Approximate year home was built: \_\_\_\_\_

Approximate Market Value \_\_\_\_\_

Number of years homeowner(s) has resided at this address: \_\_\_\_\_

Please circle all that apply in describing this house:

One story / One-and-a-half story / Two story

Frame: Brick / Wood / Siding

Flat roof / Pitched Shingled Roof / Basement

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Please give Name, Age, Relationship to Homeowner & Disabilities (if any) for each person living in household:

Name	Age	Relationship	Disabilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, the Christmas In April\* Cecil County office should call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Homeowner: \_\_\_\_\_

Number of Homeowner's children living in or around Cecil 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 one 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 a Single Parent? \_\_\_\_\_ Head of household: Male \_\_\_\_\_ Female \_\_\_\_\_

Please circle homeowner(s) ethnicity:

White / African American / American Indian / Alaskan Native

Hispanic / Asian/Pacific Islander / Middle Eastern Other: \_\_\_\_\_

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Please list three (3) references.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does Homeowner(s) own this home? Yes No (Circle one)

Is Homeowner(s) name on the Title to the house ?? Yes No (Circle one)

Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Does homeowner own any other home(s)? Yes No (Circle one)

Why does homeowner feel he/she should be selected for the Christmas In April\* Cecil County 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 – 20,000                      Over \$20,000

If this home insured under a homeowners policy? Yes No (Circle one)

Are real estate taxes paid and up-to-date? Yes No (Circle one)

After paying monthly bills (gas, electrical, insurance, food, phone, medicine, etc), what is the Approximately amount of money 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 the program, what work needs to be done 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 six-to-eight hours on the one day and they may not be able to make all repairs.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Please state “why” this type of repair needs our immediately attention. This will justify the “Channel 2” project.

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**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: Homeowner Other (Circle one)

If Other, please indicate Name, Relationship to Homeowner and a Daytime phone number:

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If Christmas In April\*Cecil County selects this home to be repaired, is the homeowner willing to have His/her picture taken and/or to be interviewed by the press (Cecil Whig, News Journal, The Herald, etc.) or a Christmas In April volunteer? Please circle one.

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

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

Has Homeowner(s) (or homeowner’s agent) applied in the past for the assistance of Christmas In April? Yes No (Circle one). If yes, when \_\_\_\_\_?

**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 no one will help? \_\_\_\_\_  
\_\_\_\_\_.

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

Homeowner(s) Signatures:

\_\_\_\_\_ Date

Homeowner

\_\_\_\_\_ Date

Homeowner, if applicable

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

Your Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Homeowner(s) \_\_\_\_\_

Is the Homeowner(s) aware of this application?    Yes    No    (Circle one)