



Christmas in April®



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

HOMEOWNER APPLICATION
APPLICATION MUST BE COMPLETED AND RETURNED
NO LATER THAN DECEMBER 31, 2023

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

This program is for the ELDERLY and/or DISABLED.
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 1: HOMEOWNER INFORMATION

Name/Age of Homeowner(s) on title: _____ Age: _____
_____ Age: _____

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:

Structure: One story One-and-a-half story Two story

Frame: Brick Wood Siding

Roof: Flat roof Pitched Shingled Roof Basement

Other: _____



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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 ___ Is anyone else in the home disabled? Yes ___ No ___

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? Yes ___ No ___ Head of household: Male ___ Female ___

Please **circle** homeowner(s) ethnicity (Needed for reporting purposes):

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

Other: _____



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Please list three (3) references:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|----------------|--------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does Homeowner(s) own this home? Yes ____ No ____

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

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

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(s) 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

Is this home insured under a homeowners policy? Yes ____ No ____

Insurance Company Name: _____ Policy Name: _____ Agent Name: _____

Agent Address: _____ Agent Phone Number: _____

Are real estate taxes paid and up-to-date? Yes ____ No ____

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 ____



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SECTION 4: TYPE OF WORK TO BE DONE

Should this home be approved for the 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 six-to-eight hours on the one day and they may not be able to make all repairs.

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: Homeowner ____ Other ____

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

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?

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 ____

Has Homeowner been helped by Christmas in April in previous years? Yes ____ No ____

If Yes, in what year? _____



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SECTION 6: HOMEOWNER AGREEMENT

Does the Homeowner understand that volunteers will be doing the work on ONE DAY only? Yes ____ No ____

If this home is selected, we expect **able-bodied family and friends to help**. Will this happen? Yes ____ No ____

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 denied. 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 homeowners' eligibility for the program. Homeowners have read the information provide by Christmas In April* Cecil County and have a basic understanding of the program and its limitations. Homeowner(s) give Christmas In April* Cecil County permission to inspect this home for the purpose of house selection.

Homeowner(s) Signatures:

Date Application Signed

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 ____



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