

Office use only-  
Name:

Project:



**Christmas in Action® Wichita County, TX, Inc.**  
*“The volunteer home repair team”*

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**HOMEOWNER’S APPLICATION**

**APPLICATION PROCESS**

You must completely fill in the application as accurately as possible and sign the form to determine if you qualify for the program.

Include all documentation to verify proof of income and proof of ownership.

All personal information will be kept confidential.

**Mail completed applications to:**

**CHRISTMAS IN ACTION®  
P.O. BOX 8464  
Wichita Falls, Texas 76307**

**For more information call (940) 696-9393  
(Faxed applications will not be accepted)**

In partnership with the community Christmas in Action® rehabilitates the homes of low-income elderly and low-income disabled homeowners in Wichita County so they may continue to live in warmth, safety and independence.

**NOTICE**

Low-income as defined by HUD

Elderly is considered sixty years old or older

Disabled as documented by the Social Security Office

**APPLICATION DEADLINE**

Applications are accepted all year long, but to be considered for the last Saturday in April Project Day, applications **MUST BE** received in the Christmas In Action Office by close of business on **March 1<sup>st</sup>** of the project year.

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**HOMEOWNER'S PERMISSION/AGREEMENT/ AUTHORIZATION STATEMENT**

I understand that the repairs will be performed with absolutely no charge to me. **However**, Christmas in Action® and its volunteers **gives no warranties or guaranties**, expressed or implied, concerning the repairs. **I understand** volunteers will perform most of the repairs, some or all of whom may be unskilled.

In consideration for the repairs, I further hold Christmas in Action® and its volunteers, staff, contractors, or board members collectively and individually, harmless for any and all claims or causes of action resulting from personal injury, death, or damage to my property, or directly arising from improperly performed repairs or defects in materials or workmanship.

**I understand that if any of my relatives or friends who are present at my home on the project day, they are required to assist the volunteers. Also no alcohol will be consumed by any occupant and no illegal items will be present while work is being performed. If I and/or any of my friends or relatives fail to comply with this policy, the volunteer group has the right to stop working on my home and leave; and any work started on my home will be left unfinished.**

**I understand** that Christmas In Action reserves the right to refuse service to anyone who does not meet the requirements, policies or standards as set by the board of Christmas In Action.

**I also grant** Christmas in Action® Wichita County Texas, Inc. permission to take or have taken, still and moving photographs and films including television pictures of my home.

**I fully understand** that this is a volunteer organization, so there is no guarantee that my home will be selected for repair or that all the repairs I am requesting will be accomplished.

**I am not** presently planning, nor do I intend within the next two years, to sell my home. I understand and agree to have my home rehabilitated by volunteers.

**I, the undersigned, certify** subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that the provisions stated are accepted and agreed to. I have also read and understand types of repairs stated on Page 7 and 8 of this application.

**I understand** that an evaluation will include personal visits, and possible data verification (ie background and/or credit checks). I authorize Christmas In Action to obtain and release, and any agency to release necessary information to verify data. I have answered all questions truthfully and I understand that if I have not answered the questions truthfully, my application may be denied, no repairs will be accomplished and I and all residents will be disqualified from the program.

I understand **IF** my home is selected for repair by one of the volunteer teams, the annual project work day is the **last Saturday in April** of the project year.

Any incomplete applications will be returned for completion. If no documentation is included, only one (1) letter will be sent to applicant requesting information. If not received the application will be put into the inactive files and will not be considered for evaluation or repair. Your signature is required on this form for the application to be considered complete. **Please do not forget to sign and date.**

No inducements or promises have been made to me to secure my signature for this release.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

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(Please PRINT)

**APPLICANT INFORMATION**

(Please PRINT)

\_\_\_\_\_  
Last, First, MI of Homeowner

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
M or F

Marital Status

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Never Married \_\_\_\_\_

\_\_\_\_\_  
Last, First, MI of Spouse

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
M or F

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Cell Phone Number

Do You Live Alone? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of other people not listed above living in house: \_\_\_\_\_

Are you a Veteran of the US Military? Yes \_\_\_\_\_ No \_\_\_\_\_

List All Additional Persons Living In The House:

Name	Relationship	Age	Do they have income?
1. _____	_____	_____	Yes _____ No _____
2. _____	_____	_____	Yes _____ No _____
3. _____	_____	_____	Yes _____ No _____

Name of a relative living in or near this area (to be used incase of emergency):

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

Are you permanently disabled as determined by Social Security? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

Do you have a Care Giver: Yes / No. Paid or Unpaid (please circle)  
(Anyone who cares for you or checks in on you on a regular basis, relative, friend, etc.)

Caregiver Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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**HOUSE INFORMATION**

In order to receive the assistance from Christmas in Action® **you must OWN** (by County Records) **and RESIDE IN** the home for **1 YEAR** for the house you are requesting the repairs.

**Proof of Ownership of Your Home:**

We will check current county records to verify that you own and have clear title to the home.

If current county records do not show you as the homeowner, the application will not be processed and you will be disqualified for home repair by Christmas In Action

(We **do not work on** rented, rent to own, leased or leased to own homes.)

(For mobile homes, please see page 8)

Do you own or are you buying this house? Yes \_\_\_\_\_ No \_\_\_\_\_

In what year did your name become owner of the home by county tax records? \_\_\_\_\_

Do you have homeowner's insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own any other property? (I.e. rental, land, buildings or lots, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

**Note:** It is important for you to understand that this is an all-volunteer organization, so there is no guarantee that your home will be selected for repair or that all the repairs you are requesting will be accomplished.

What work do you want done? (Use additional page if necessary) **(Please PRINT Clearly)**

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Certain restrictions apply. Please see last two pages of application for type of work Christmas In Action may accomplish.

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**INCOME INFORMATION**

“Income” means the combined amount of money received from **all** sources by **all** people 18 yrs old and older living and/or residing in the house. This information will remain confidential. In addition to the completed application, we require documentation that proves or verifies the income.

**Proof of Income:** Please enclose a **copy** clearly showing the name of the individual on the items below (**do not** send original):

The current year Social Security Benefits Statement

Or

All W-2s or pay stubs AND the previous years Income Tax Form

Also

Documentation for any added income listed below.

Failure to enclose either document will prevent your application from being processed.

**Household Monthly Income Totals**

	<b>Applicant</b>	<b>Spouse</b>	<b>Other #1</b>	<b>Other #2</b>
Wages/Salary Source:				
Social Security				
Supplemental SS Income				
Social Security Disability				
TANF (AFDC)				
Alimony & Child Support				
Stocks/Bonds or Interest/Dividend				
Veterans Benefits				
Pensions & Annuities				
Workman's Comp.				
Rental Income				
Unemployment Benefits				
Other Income: List _____				
<b>Total Monthly Household Income</b>				
<b>CinA Use Only</b>				

**STATISTICAL INFORMATION**

Please answer the following questions for statistical information only.

1) Select Ethnic Background:

- Hispanic/Latino\*
- Non-Hispanic/Latino \*\*

\* A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

\*\* . A person NOT of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

2) Do You Consider Yourself a Single Race: No \_\_\_\_\_ Yes \_\_\_\_\_ (select one below)

- White\*
- Asian \*\*
- Black or African American \*\*\*
- Native Hawaiian or Other Pacific Islander \*\*\*\*
- American Indian or Alaska Native \*\*\*\*\*

\* A person having origins of the original peoples of Europe, Middle East, or North Africa.

\*\* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia Pakistan, the Philippine Islands, Thailand, and Vietnam.

\*\*\* A person having origins in any of the black groups of Africa.

\*\*\*\* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\*\*\*\*\* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

3) Do You Consider Yourself Multi-Race: No \_\_\_\_\_ Yes \_\_\_\_\_ (select one below.)

- Black/African American and White
- Asian and White
- American Indian or Alaska Native and White
- American Indian or Alaska Native and Black or African American
- Other Multi-Racial

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**Some eligibility requirements:**

You have to own house - You have to live in house - You have to meet income range –  
The home has to be in Wichita County TX

**How Homeowners are selected:**

Applicants are made aware of Christmas in Action

Applicant submits application. Application is reviewed - approved/disapproved

**How the Program Process Works**

Appraiser interviews homeowner and determines:

Tasks, Tools, Skills, Number of volunteers, Time, estimated cost

In March, volunteer team captains select projects

**If** selected by volunteers, the team works on project on the last Saturday of April

**What We Can Do:**

To qualified applicants, the following services are provided, depending on the availability and skills of volunteers.

Roof repair, construction of wheelchair ramps, painting of homes both interior and exterior (WHITE ONLY), installation of grab bars, minor yard work (Christmas In Action is not a yard service), weatherization, urgent plumbing repairs, minor plumbing work, minor electrical work, general maintenance, minor carpentry repairs

**\*\* What We Cannot Do, or Must Be Approved By Majority Vote of Christmas In Action Board** (i.e. House Acceptance/Rejection Parameters)

**ELECTRICAL**

Limited to an existing circuit: Changing an outlet, changing a light switch, changing a light fixture, adding a GFI (provided there is a ground wire)

Installing a ceiling fan (provided there was an existing fixture)

Installing a porch light or motion detector lights (provided there are existing fixtures)

**PLUMBING**

No gas line repairs by volunteers (contract out)

No repairs connected with raw sewage

No adding outside faucets

Water heaters – inoperable or non-existent shall be treated as an urgent repair. (Notify executive director)

**FOUNDATIONS / HOUSE LEVELING**

**NO foundation repairs**, No chimney repairs, No brickwork

**SIDEWALKS OR DRIVEWAY**

No Driveways. Sidewalks only unless for safety reasons such as disability  
(Homeowner in a wheelchair)

**CARPENTRY**

No major structural work, like adding a wall or adding a carport

Carports: attached to house, can be repaired, painted or re-roofed

Detached Carports – no repairs or painting.

Work limited to tearing down and/or removal of debris for safety.

Garage door installation: Only at homeowner's expense and skill of volunteers.

**ASBESTOS**

Siding – Do not remove; can be painted. Damaged or missing cannot be replaced

Floor tile – Can be removed, dispose in plastic bags, do not pulverize or cut.

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FLOOR COVERING

Tile – replacement only if existing is chipped, cracked and poses a tripping hazard.

Do not replace if homeowner is tired of color, or just old.

Carpet – Only installed if we receive donated carpet, no stretching; can be installed if homeowner has carpet

APPLIANCES

**NO** Central heating/Air conditioning – and no adjustment to unit

Need of Heating - No central units - only small gas units

**NO** replacement of stoves, refrigerator, dishwasher, etc. – Referral to another agency

GUTTERS AND DOWNSPOUTS

Installation only if absence thereof presents a safety hazard

HOUSEKEEPING- \*\*\* Christmas in Action **IS NOT** in the housecleaning business\*\*\*

Gross lack there of may prevent Christmas in Action from working on project

If house is in deplorable state and requires cleaning before project can be completed, Inform homeowner to clean and we will reevaluate in two weeks.

Otherwise, project will be rejected and/or cancelled

PAINTING

Houses will not be painted just to change the color; House color will be **WHITE ONLY**.

ROOFS

Contract out, if possible. (See contracting procedures)

Replacement only for deteriorated or leaky roofs – with 20 yr 3 tabs shingle.

Replacement not for color change only - Roof will not be replaced by volunteers on houses that exceed 6/12 pitch (as per gauge) – Need permit from city

MISC

No “Nice to Have” things

MOBILE HOMES

Christmas In Action cannot work on Mobile Homes

The only thing we may be able to do is add a wheel chair ramp.

MINMUM LIVING STANDARD

CinA cannot make major repairs to homes.

If the house is below the minimum living standard CinA cannot make any repairs.

FIRE DAMAGE – NONE – due to extensive requirements of building codes.

*If unsure about anything refer uncertainty to executive director, for board review and decision*

**Homeowner/Applicant**  
**Please Keep Pages 7 and 8 for yourself.**