



Christmas in Action

of Oakland County

“Neighbors helping Neighbors”

P.O. Box 300324 • Waterford, MI • 48330-0324 • ph 248/618-7433 • fax 248/674-4097 •

www.ciaoaklandcounty.org

Accepting applications until
February 1, 2011

2011 Homeowner Application FOR FREE HOME REPAIRS

This program is for low-income senior citizens, living in a single family, owner occupied residence.

No trailers, mobile homes, condominiums or rental homes can qualify for this program.

If you need assistance filling out this application, please call 248-618-7433

Applicant Information:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

City, State, Zip: _____

Marital Status: _____

Names and ages of individuals living in the house with the applicant:

Name: _____

Relationship: _____

Age: _____

Name: _____

Relationship: _____

Age: _____

Applicant's salary per month \$ _____

Monthly House Payment: \$ _____

Co-applicant's salary per month \$ _____

Are Property Taxes and House Insurance included in the House Payment? _____

Other individual's contributions to household income \$ _____

If not what are annual Property Taxes?

Pensions, Annuities, Social Security, A.D.C, Public Assistance, Food Stamps, etc.: \$ _____

\$ _____

If not, what is annual House Insurance Premium?

Earnings from savings, interest, rent, etc: \$ _____

\$ _____

List All Assets: Bank Accounts, Saving Bonds, Securities, Real Estate, etc.:

List All Liabilities: Car Loans, Charge Cards, Personal Loans, etc:

Length of time in present home: _____

Name and address of Mortgage Co. /Land Contract Holder:

Age of present home _____

Name: _____

Are your property taxes current? _____

Address: _____

Description of home:
Style (Ranch, colonial, etc) _____

Account Number: _____

Number of Bedrooms _____

Number of Bathrooms _____

Basement? _____

Garage? _____

Do you have any physical disabilities that we should be aware of? _____

Are there any unusual circumstances pertaining to this application? _____

What home repairs would you like made to your home? _____

Have you applied for this program before? _____

Will your family members volunteer to help accomplish the repairs to your home? _____

Emergency Contact Information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Supplemental Documentation that must accompany your Application if they apply to you:

- Copy of Recorded Deed or Land Contract
- Copy of last year's Federal Income Tax Return
- Copy of Social Security Check or Award Letters
- Copy of Pension Check
- Copy of Welfare Assistance (Food Stamps, ADC, etc)
- Copy of Spouse's Recorded Death Certificate
- Most recent Mortgage Statement
- Employment Verification
- Copy of Bankruptcy Documents
- Verification that Home Owners Insurance has been paid
- Verification that Property Taxes have been paid
- Copies of information regarding all Assets or Liabilities