



# Christmas in April®

Cecil  
County

P.O. Box 2303 • Elkton, Maryland 21922

443-907-5289

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

## HOMEOWNER APPLICATION FOR CHANNEL 2 (EMERGENCY REPAIR) FOR 2020-2021

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: \_\_\_\_\_

Explain why repairs **cannot** be done by homeowner or family members:

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### 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:

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Total number of 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: EMERGENCY REPAIR

Please explain what “EMERGENCY REPAIR” you need and why it needs to be a Channel 2 (Emergency) 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: \_\_\_\_\_

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

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 provided 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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