



# Christmas in October

Rebuilding Houses, Lives and Neighborhoods since 1984

P.O. Box 32108, Kansas City, MO 64171  
 816.531.6443 816.531.6444 (fax)  
 www.christmasinOctober.org

Pre-Qualified by:
_____
Group Name:
_____

## 2014 Resident Application

To qualify for the Christmas in October program, you **must**:

- (1) Own only one residence (the home in which you currently live).
- (2) Lack the finances or resources to have the repairs completed.

In addition, you **must** meet **one** of the following criteria:

- (1) Be age 62 or older.
- (2) Have a physical disability.
- (3) Be a veteran or have a veteran residing in your home.

**\*\*Application must be completed in its entirety in order to be considered.\*\***

Homeowner Information			
Name of Homeowner			
Street Address			
City	State	Zip Code	Extended Zip
Primary Phone (    )		Secondary Phone (    )	
Name of Alternate Contact		Alternate Contact's Phone (    )	
Total Annual Household Income \$		Age of Owner	
How many years have you lived in your home?			
(optional) Is any resident disabled? Y N    Which resident has the disability?			
Explain disability:			
Are you married? Y N    Does a veteran live in the home? Y N			
Number of residents living in the home?			
Age and relationship to you of others in the house? (Please provide relationships and respective ages.)			
Name	Age	Caregiver	Relationship
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
<b>Are any of the residents designated as a caregiver to the homeowner? Y N</b>			
<b>**Fellow residents who are able-bodied should assist in home repairs if your home is selected**</b>			
<b>General Information on House:</b> Number of stories____ Number of bedrooms____			
Number of bathrooms____ Does house have basement ____ or crawl space? ____			
Have you received help from Christmas in October before? Y N    What year?			

**Christmas in October focuses on issues of WARMTH and SAFETY.**

Information on House Repairs needed	
Please <b>CHECK</b> all boxes that apply and provide a <b>BRIEF</b> description of <b>CRITICAL</b> issues.	
<input type="checkbox"/> Plumbing	Explain:  Do you have running water? Y/N
<input type="checkbox"/> Heat/Furnace	Explain:  Do you have heat? Y/N
<input type="checkbox"/> Electrical	Explain:
<input type="checkbox"/> Doors and Windows	Explain:
<input type="checkbox"/> Painting	Explain:
<input type="checkbox"/> Carpentry	Explain:
<input type="checkbox"/> Roof Repair	Explain:
<input type="checkbox"/> Gutters	Explain:
<input type="checkbox"/> Insulation & Weatherization	Explain:
<input type="checkbox"/> Clogged Drains "Roto-Rooter"	Explain:
<input type="checkbox"/> Wheelchair Ramp	Explain:
<input type="checkbox"/> Concrete Repair	Explain:
<input type="checkbox"/> Other Repairs Needed	Explain:
<input type="checkbox"/> Yard Work	

Please use the area below to disclose any additional relevant information (e.g., personal situation).

\*\*\*Please DO NOT submit tax, homeowner or other personal information with this application.\*\*\*

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### Christmas in October Waiver of Liability

The undersigned, \_\_\_\_\_, hereby releases and forever discharges the officers, directors, agents, employees, volunteers and representatives of the Christmas in October Adopt-a-House Program, as well as the municipal government in which the home is situated, including, but not limited to, the City of Kansas City, Kansas, the City of Kansas City, Missouri, and the persons or entities providing materials or labor to the rehabilitation or renovation work provided to the undersigned homeowner, from all claims, demands, actions and causes of action relating to any injury or loss which the undersigned may sustain in any way connected with the undersigned’s home participating in the Christmas in October program.

The undersigned agrees and understands that the undersigned is to assume all the risks and grant this release in consideration for whatever rehabilitation or renovation work is provided to the undersigned’s residence. The undersigned fully understands that all work provided is on a voluntary basis and the undersigned agrees to accept whatever work is provided. The undersigned understands that no promises or assurances have been made that any particular work will be done or that any particular result will be achieved.

The undersigned also understands that the Cities of Kansas City, Kansas, and Kansas City, Missouri, will not be inspecting any work done by volunteers from Christmas in October.

As one of the Adopt-a-House program participants, the undersigned, as well as all other residents in the home, authorize Christmas in October to use and/or publish any and all photographs or video taken the day of the event to use for reporting and/or marketing purposes (i.e., sales and marketing collateral, website, published reports, etc.).

The undersigned fully understands the meaning of the terms of this release and the undersigned has freely agreed to be bound by its terms.

**HOMEOWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### TO SUBMIT APPLICATION:

Mail: P.O. Box 32108, KCMO, 64171 Fax: 816-531-6444 Email: Info@christmasinoktober.org