



Christmas in October

Rebuilding Houses, Lives and Neighborhoods since 1984

P.O. Box 32108, Kansas City, MO 64171
 816.531.6443
 www.christmasinOctober.org

2024 Resident Application

FOR OFFICE USE ONLY

Pre-Qualified by:

Group Name: _____

Neighborhood: _____

Homeownership
Verified: _____

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 3 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 and signed in order to be considered. ****

Homeowner Information				
Name of Homeowner				
Street Address				
City		State		Zip Code
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				
Please list all residents other than the owner living in the home and if you are caring for children 18 years or younger either full or part time please list them below:				
First Name	Age	Part time	Full time	Relationship
_____	____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	____	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Information on House: Number of stories _____ Number of bedrooms _____				
Number of bathrooms _____ Does house have basement? _____				
Have you received help from Christmas in October before? Y N What year?				

Christmas in October focuses on issues of WARMTH and SAFETY.

Please CHECK all boxes that are needed, provide a BRIEF description of what is wrong and. Identify your Top Priorities .	
<input type="checkbox"/> Basic Plumbing	Explain: Do you have running water? Y / N
<input type="checkbox"/> Heat/Furnace	Explain: Do you currently have heat? Y / N Is your gas shutoff? Y / N
<input type="checkbox"/> Basic Electrical	Explain:
<input type="checkbox"/> Doors and Windows	Explain:
<input type="checkbox"/> Painting	Explain: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
<input type="checkbox"/> Wood Repair	Explain:
<input type="checkbox"/> Roof Patching	Explain: CIO Volunteers cannot replace whole roofs
<input type="checkbox"/> Gutters	Explain:
<input type="checkbox"/> Insulation & Weatherization	Explain:
<input type="checkbox"/> Wheelchair Ramp	Explain: Preferred Location: Front/Side/Back:
<input type="checkbox"/> Concrete Patching	Explain: We can only patch, not replace driveways or private sidewalks.
<input type="checkbox"/> Other Repairs Needed	Explain:
<input type="checkbox"/> Yard Work	Explain: CIO Volunteers cannot remove trees

Please use the area below to disclose any additional relevant information regarding your request.

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

Christmas in October Waiver of Liability

The undersigned, _____ (homeowner), hereby releases and forever discharges the officers, directors, agents, employees, volunteers and representatives of the Christmas in October 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 Christmas in October 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 OR **Email:** Info@christmasinOctober.org