

For Office Use Only

District # _____
Acknowledged _____



**Application Deadline
November 13, 2009**

Page 1 of 2

Date: _____

2010 HOMEOWNER APPLICATION

Homeowner's Name: _____

Address: _____

Note: AmeriCares HomeFront is not able to provide repair assistance for condominiums, co-ops, mobile homes and some multiple family homes.

Phone: _____

Alternate Phone: _____

****Each year many applicants do not receive consideration because they could not be reached.****

Name of person submitting application if other than Homeowner: _____

Is the homeowner aware of this application? yes no

Please list names and ages of all household members below:

Homeowner Name(s)	Current Age	Current Annual Income
		\$
		\$
		\$
		\$
		\$
If this is a multiple family home, please list all income, rental or other.		\$
Total Household Annual Income		\$

How much money is in savings for the household? \$ _____

Is the Homeowner a single parent with dependent children living in the house? yes no

Are the property taxes paid up to date? yes no If no, how much is in arrears? \$ _____

Does the Homeowner have a physical disability? yes no

If yes, please describe _____

Is the Homeowner 65 years old or older? yes no

Please list the top three (3) most needed repairs. *** Note: Our program is limited to one (1) day of work.**

1. _____
2. _____
3. _____

How did you hear about AmeriCares HomeFront? Newspaper Church _____
 Friend/Family Other _____

****If other resources are available, may we refer you to other agencies? yes no****

Note: HomeFront does not provide landscaping or driveway paving. We undertake typical residential repairs in this one-day effort. Applicants are contacted in the Fall/ Winter to schedule a home visit. HomeFront does not communicate any information on whether or not an applicant will be assisted verbally. All applicants will be **notified by written letter only** as to whether or not they have been accepted as a HomeFront recipient by the end of March or early April 2010. **All work will be done on Sat., May 1, 2010.**

Return completed application to:
AmeriCares HomeFront, 88 Hamilton Avenue, Stamford, CT 06902
800-887-HOPE (4673)



**Application Deadline
November 13, 2009**

Page 2 of 2

HOUSE SELECTION REQUIREMENTS

If my house is selected for improvement as part of the AmeriCares HomeFront, Inc. Program, I understand and agree to the following:

1. I own the property being considered and all information given in this application package is, to my knowledge, true and accurate.
 2. I currently live in the home for which I am seeking assistance.
 3. The people working on my home are unpaid volunteers, not necessarily skilled in the building trades; and AmeriCares HomeFront, Inc. does not guarantee the materials used or work done by anyone on my house.
 4. Any family, friends or representatives who are unwilling to help must be away from my house during HomeFront Day, if physically able. Any of my family, friends or representatives who wish to work with the HomeFront volunteers may do so under the direction of the team leaders. If physically unable, I am not required to work and may remain at the home all day.
 5. AmeriCares HomeFront, Inc. is authorized to verify the accuracy of all information provided to determine my eligibility.
 6. I have have not applied for or received help from AmeriCares HomeFront, Inc. or similar programs. Please list name(s) of program(s) and year applied and helped, if applicable.

 7. I do not plan to leave or sell my house within five years of HomeFront Day 2010.
 8. yes no **I am the sole owner of the property being considered and my income is \$35,000 or less per year.**
- OR**
- yes no **I am the co-owner of the property being considered and my annual income combined with that of the other property co-owner does not exceed \$35,000.**
 9. I do not own more than one home.
 10. I will not hold AmeriCares HomeFront, Inc. and all associated liable for any reason.
 11. I understand that submission of this application package is in no way a guarantee of a service and that the selections of recipients are based on need, available volunteer teams, and HomeFront's ability to undertake the needed repairs.

Homeowner's Signature _____

Date _____

Homeowner's Name (Printed) _____

<p>Return completed application to: AmeriCares HomeFront, 88 Hamilton Avenue, Stamford, CT 06902 800-887-HOPE (4673)</p>
