



**Christmas in April**  
**St. Mary's County, Inc.**

28231 Three Notch Road  
Mechanicsville, MD 20659  
Phone: (301) 884-2905  
Email: [darenek@christmasinaprilsmc.org](mailto:darenek@christmasinaprilsmc.org)

**APPLICATION FOR ASSISTANCE**

**Deadline for applications is December 1st**

*Please complete and return to Christmas in April St. Mary's County, Inc.  
Applications can be submitted via email to [darenek@christmasinaprilsmc.org](mailto:darenek@christmasinaprilsmc.org)*

**\*Please Note - All portions of this application must be completed in full.** Christmas in April reserves the right to reject incomplete applications. If necessary, get help so that rejection for incompleteness does not occur.

Christmas in April St. Mary's County, Inc. is a volunteer organization that, in partnership with the community, rehabilitates the houses of low-income homeowners, particularly the elderly and disabled, so that they may live in warmth, safety and independence. We also provide help through work on community facilities.

After months of extensive planning and preparation, our work occurs primarily in the month of April, culminating in a Neighbors Helping Neighbors Day, the last Saturday in April. Volunteers work for six to eight hours and **may not be able to complete all repairs desired.** If your home is chosen for the Christmas in April program, there will never be a charge for our service.

*Christmas in April St. Mary's County will not work on a home where (a) the homeowner cannot show proof of ownership; (b) repairs needed are beyond the scope of what our volunteers can repair in a one-day period; or (c) there are unsafe conditions found to be in the applicant's home. Christmas in April St. Mary's will research public records to verify information given on this application and in follow-up to the House Selection Committee members house inspections. These public records could include: (1) landrecords; (2) financial records; and (3) law enforcement records.*

**Name(s) and age(s) of Homeowner(s):**

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**Street address:**

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**Mailing address: (if different than street address)**

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Email address: \_\_\_\_\_

Homeowner's telephone number: \_\_\_\_\_

Contact \_\_\_\_\_

Contact person telephone number: \_\_\_\_\_

Directions to your home: *Exact, detailed road directions, including landmarks, to your home*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your category of residence?

- Trailer                       Single-family dwelling                       Townhouse                       Double-wide

List names and ages of all persons residing in the home:

*Homeowner must reside full-time in the home*

Name	Age	Disability, if any

If **Homeowner** is disabled, indicate special needs:

*Ex: wheelchair or walker, hearing impaired, sight impaired, etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The TOTAL combined income for **everyone** living in this home:

\$ \_\_\_\_\_ (per month)

**Are you, or anyone else residing in your home, presently working at a job?**

Yes  No      If yes, where?

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**Do you, or anyone living with you, operate a business from your home?**

Yes  No      If yes, name the business and the nature of products/services provided.

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**Besides this money from income, do you, as the homeowner(s) have any other source of funds?**

Yes  No      Please explain. *Ex: savings accounts, trust accounts, annuities, etc.*

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**Please check all that apply to the homeowner(s):** *Check all that apply*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Widowed                 | <input type="checkbox"/> Veteran        | <input type="checkbox"/> Widow of Veteran |
| <input type="checkbox"/> Unemployed              | <input type="checkbox"/> Unable to work | <input type="checkbox"/> Disabled         |
| <input type="checkbox"/> Other (provide detail): |   |   |

**Have you ever received rehabilitation assistance?** *Ex: weatherization*

Yes  No      If yes, what assistance and from who?

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**Have you ever received assistance from Christmas in April in previous years?**

Yes  No      If yes, in what year did you receive assistance? \_\_\_\_\_

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**What repairs do you feel are needed at your home that Christmas in April could handle in one day?**

*Check all that apply*

- |   |                                    |  |  |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Roofing repair                 | <input type="checkbox"/> Painting  | <input type="checkbox"/> Plumbing repairs        | <input type="checkbox"/> Electrical repairs        |
| <input type="checkbox"/> Appliances                     | <input type="checkbox"/> Flooring  | <input type="checkbox"/> Heating repairs         | <input type="checkbox"/> Cleaning (indoor/outdoor) |
| <input type="checkbox"/> Trash removal                  | <input type="checkbox"/> Yard work | <input type="checkbox"/> Weather stripping       | <input type="checkbox"/> Window or door repair     |
| <input type="checkbox"/> Handicap access or renovations |                                    | <input type="checkbox"/> Other (provide detail): |  |
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If you are selected by the Christmas in April program, would you be willing to have your picture taken and/or be interviewed by the press (ex: The Enterprise) or Christmas in April volunteers?

Yes  No

Why do you feel you should be selected for the Christmas in April Program and how will it help you?

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Is there any other relevant information you want to provide to Christmas in April?

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**Please Read and Sign**

I confirm that any persons residing in my home or visiting for the project day, who are **physically able**, will work alongside volunteers. In addition, I own the property at the address given, can produce **mortgage payment book, deed, property tax receipt, or other documents** as proof of ownership **on the day my home is previewed**. I also state that my home is not in foreclosure at this time. I state that I personally reside in my home. I also agree that if chosen for help with home repairs, I (or my representative) will attend the March homeowner meeting.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If someone other than the homeowner prepares, or helps prepare this form, please complete this section**

**Is the homeowner aware of this application?**  Yes  No

**Preparer's name:** \_\_\_\_\_

**Preparer's daytime telephone number:** \_\_\_\_\_

**Agency or relationship to applicant:** \_\_\_\_\_

**Preparer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_