



Critical Repairs Caroline County
PO Box 534
Denton, MD 21629

Date: _____

Client Application (Please Print)

Homeowner Name: _____ Birth Date: ____/____/____
 Co-homeowner Name: _____ Birth Date: ____/____/____
 Street Address: _____ Marital Status: _____
 City: _____ MD Zip: _____ Email: _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Home built in year: _____
 Type of Home: (Single/Mobile) _____ Number of years you have lived in this home: _____ years
 List all persons living in the home including children, starting with the homeowner

	Name of Household Member	Relationship	Date of Birth	Age	Gender	Disabled?
1		homeowner				
2						
3						
4						
5						

Are/were any family members of this household a member of the military? Yes___ No ___
 Are you current on mortgage payments on the home? Yes___ No ___ Home Paid in Full___
 Please record the total monthly gross income of all individuals 18 and over living in the home, including renters
 Supporting documentation must be provided for each of the areas that are completed

Type of Income	Monthly Total from this Source	Which Household Member
Employment Salary	\$	
Social Security	\$	
Social Security	\$	
SSI or SSD	\$	
SSI or SSD	\$	
Alimony/Child Support	\$	
Pensions/Annuities	\$	
Rental Income (Tenants)	\$	
Other Income	\$	
Total of all Income	\$	

Please list any individuals 18 and over living in the home who do NOT have any income and explain why -
 They will need to complete a zero income affidavit.

Income Verifications required to be submitted as indicated above: 1st two pages plus Schedule 1 of most recent income tax return; last 3 bank statements; last 2 pay stubs; social security award letter; SSI or SSDI statements
 Homeowner's Insurance with: _____

Please enclose a copy of current billing statement showing insurance dates of coverage
Incomplete or applications with untrue statements will automatically be denied assistance.

Describe repairs/improvements you wish to have made: _____

What other assistance have you applied for and where else have you tried to get help?

What was the outcome? _____

* Critical Repairs Caroline County must be kept informed of the status of any other organization giving you assistance.

Optional Racial + Ethnic Background of the Household: (For reporting purposes only)

Homeowner: I do not wish to furnish this information _____ (Initials)

_____ White	_____ Asian or Asian + White	_____ Other
_____ Black/African American	_____ American Indian	_____
_____ Black/African American + White	_____ American Indian + White	
_____ Hispanic or Latino	_____ Hispanic/Latino + White	

The following optional information can be used by Critical Repairs Caroline County to evaluate the effectiveness of its marketing and outreach efforts. Please indicate below how you became aware of this program:

- () Radio
- () Newspaper _____ (Name)
- () Word of Mouth _____ (Name)
- () State Agency _____ (Name)
- () Local Government Agency _____ (Name)
- () Social Worker or Caseworker _____ (Name)
- () Other

Authorization and Verification	
✓	I am not planning nor do I intend within the next two years to sell my home.
✓	I understand and agree that the work on my home may be done by volunteers.
✓	I understand there is no fee required to apply for these programs.
✓	I understand applications are reviewed based on CRCC's mission + available monetary + labor resources.
✓	There is no other person living in my house. I am the sole occupant.
✓	I am current/up-to-date on my mortgage payment + real estate taxes.
✓	There are no other financial resources available to myself/household members which could be applied.
This application is true and correct and that the provisions stated are accepted and agreed to:	
_____	_____
Applicant Signature	
_____ Date	_____

Please return completed application with supporting income/insurance documentation to:

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