



Christmas in Action * Cleburne

PO Box 983, Cleburne, TX 76033 phone (817)641-8610 fax (817)645-0967

EMERGENCY APPLICATION

FOR EMERGENCY HOME REPAIRS / WHEELCHAIR RAMPS

PLEASE TYPE OR PRINT:

Name of Homeowner(s): _____

Address : _____

City, State, Zip : _____

Phone No. _____

Other Family Contacts: (Son, Daughter, etc.)

Name Address Phone No.

Name Address Phone No.

EMERGENCY REPAIRS REQUESTED: _____

- (1) Is the homeowner: elderly _____ ; disabled _____ (how) _____
- (2) Does the applicant own the home? Yes _____ No _____
- (3) Are all taxes current on the home & property? Yes _____ No _____ (Explain)
- (4) Please provide proof of income (i.e. copy of last year's income tax return, **please black out all social security numbers**)
- (5) Is the applicant a veteran? _____ What years: _____
- (6) Name of person submitting referral: _____ Date: _____
Agency: _____ Phone: _____
- (7) Is the owner aware of this referral? _____

Please remember this is a one-day program, and that **most** the work is done by volunteers. Please sign below allowing permission to contact you and discuss scheduling the project.

Homeowner: _____