



Christmas In Action
Building Hope in Your Community



FAIRBORN, OHIO CHAPTER
Building Hope in Our Community

2024 HOMEOWNER REQUEST FORM FOR FREE HOME REPAIRS

This program is for low-income City of Fairborn Seniors (age 60+) living in a single family, owner occupied residence. No trailers, mobile homes, condominiums or rental homes qualify for this program. If you need assistance filling out this form go to the Fairborn Senior Center or call 937-878-4141. Completed package must be returned to Senior Center no Later than June 14, 2024

Applicant Information:

Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

City/State/Zip: _____ Marital Status: _____

Names and ages of individuals living in the house with the applicant:

Name: _____ Relationship: _____ Age: _____

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Applicant's Income per month:	\$ _____
Co-Applicant's Income per month:	\$ _____
Other individual's contributions to Household income:	\$ _____
Pensions, Annuities, Social Security, A.D.C., Public Assistance, Food Stamps:	\$ _____
Earnings from savings, interest, rent:	\$ _____

Monthly House Payment:	\$ _____
Are property Taxes and Homeowners Insurance included in the house payment? YES _____ NO _____	
If not included, what are annual Property Taxes?	\$ _____
If not included, what is the annual Homeowners Insurance premium?	\$ _____

List all Assets: Bank Accts, Savings Bonds, Securities, Real Estate, Etc:

List all Liabilities: Car Loans, Charge Cards, Personal Loans, etc:

Length of time in current home (years): _____

Age of present home: _____

Are your property taxes current? (circle) Yes No

Description of home (circle): Ranch/2-story/3-story

Number of bedrooms (circle): 1 2 3 4 5

Number of bathrooms (circle): 1 2 3 4

Basement (circle) Yes No Garage (circle) Yes No

Name & address of Mortgage Co./Land Contract Holder:

Name: _____

Address: _____

Phone Number: _____

Contact person: _____

List any physical disabilities we should be aware of while we are working on your house: _____

What home repairs would you like made to you home (be specific)? _____

Will any of your family members be present to assist with your home repairs? _____

Emergency contact information:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Supplemental Documentation you may be asked to supply if you house is selected for repairs:

- Copy of last year's Federal Income Tax Return
- Copy of a Social Security Check or Award Letters
- Copy of a Pension Check
- Copy of Welfare Assistance (Food Stamps, ADC, etc.)
- Most recent Mortgage Statement
- Copy of Bankruptcy documents
- Verification that Homeowners Insurance has been paid
- Verification that Property Taxes have been paid
- Copy of information regarding all Assets or Liabilities