

Christmas in Action  
PO Box 996  
Fishers, IN 46038

Christmas In Action Application

Name of homeowner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is the homeowner: Elderly \_\_\_\_\_ Age \_\_\_\_\_ Disabled \_\_\_\_\_ Low Income \_\_\_\_\_

Total monthly income of all persons residing at the above address: \_\_\_\_\_

Is this the only property owned by the homeowner? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the homeowner working? Yes \_\_\_\_\_ No \_\_\_\_\_ Retired \_\_\_\_\_

If yes, or retired, where employed? \_\_\_\_\_

Is the homeowner a member or regular attendee of a local church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name \_\_\_\_\_

Is the homeowner a member of a community organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name \_\_\_\_\_

Please describe why the homeowner needs Christmas in Action to assist with the home repairs.

Describe the work needed to be done at the homeowner's house. Please be as specific as possible.

Friends and family members of the homeowner are encouraged to help with the repairs. List the names, address and phone numbers of family and friends that would be willing to participate.

Is the homeowner aware of this referral? Yes \_\_\_\_\_ No \_\_\_\_\_

This is a one-day program. The work is done by volunteers at no cost to the homeowner. Able-bodied adult relatives living with the homeowner are requested to work on the home on the Christmas in Action day. We do not guarantee that all the work will be completed but will make the best effort to have the work done.

How did you learn about Christmas In Action? \_\_\_\_\_

Name of person submitting this referral: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_