



## **Christmas in May Chaska Celebrating 20+ Years of Helping Others**

**ATTENTION: HOMEOWNERS IN CHASKA**

Does your home need repairs that you cannot do yourself or afford to hire others to accomplish? Christmas in May Chaska can help.

Christmas in May Chaska is a non-profit organization that sets aside one day a year to make a difference in the Chaska community. This year's event will be held on Saturday, May 4th, 2019. That day, hard-working volunteers supervised by skilled craftsmen will repair selected homes of persons who are elderly, have a disability, or are low to moderate income. These repairs include painting, carpentry, landscaping, yard clean-up, and an energy audit.

To be eligible to benefit from Christmas in May Chaska, you must meet the following criteria:

- Be a homeowner and currently live in the home.
- Homeowner(s) must be current on outstanding mortgages (and show proof of) filed against the property.
- Be elderly or have a disability or hardship that keeps you from doing the work yourself.
- Have a limited income that prevents you from hiring someone to do the work.
- Promise your cooperation and participation to the extent that you are able.
- Your home must be located within the City limits of Chaska.

All submitted applications will be reviewed by the Christmas in May Chaska Board of Directors. Typically, three to five homes are selected each year. If your home is considered for selection, you will be notified, and an authorized person will visit you at your home to get more information about your housing needs. Final selection of homes for Christmas in May Chaska will be made by March 18, 2019.

You will not be expected to pay for any labor or materials whatsoever. **We only ask that able-bodied members of your family assist the volunteers in whatever way they can.**

Please remember, this is a non-profit, voluntary community effort. Christmas in May Chaska is supported by community leaders including the Chaska Elected Leaders, the Chamber of Commerce, Chaska service clubs, our area faith-based community, and many others.

If you have any questions about Christmas in May Chaska, or this application, please call this number: (952) 361-5350.

**COMPLETE THE ATTACHED APPLICATION AND RETURN IT BY March 18, 2019 TO:**

**Christmas in May Chaska**  
PO Box 141  
Chaska, MN 55318



# CHRISTMAS IN MAY CHASKA CHAPTER



Name of Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Chaska MN 55318

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Length of Residency: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relative's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

THIS INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL CIVIL RIGHTS LAW AND YOUR RESPONSE WILL NOT AFFECT CONSIDERATION OF YOUR APPLICATION. YOU WILL ASSIST US IN ASSURING THAT THIS PROGRAM IS ADMINISTERED A NON-DISCRIMINATORY MANNER.

**Gender:**  Male  Female

**Check Applicable Space:**  Native American/Alaskan  African American  
 Asian/Pacific Islander  Hispanic  White  Other

**Marital Status:**  Married  Separated  Unmarried (Single, Divorced, Widowed)

**Family Status:**  Head/Spouse 62 years old or over  Head/Spouse Disabled

## **Household Composition** List all Household Members

Name	Relationship	DOB	Social Security #	Male	Female
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Income** List Income for All Household Members over Age 18

Name	Source of Income	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Statement of Assets** As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified below, the value of which have been disclosed.

Item	Yes	No	Worth \$
Cash on Hand over \$100	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking/Saving Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRA Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Stocks/Bonds/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Estate/Contract for Deed	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Businesses	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Property Information** (Provide information on the property that you wish to improve)

Year Built: \_\_\_\_\_ Year Purchased: \_\_\_\_\_

**Mortgage Information**

Are you current on your home mortgage? \_\_\_\_\_

Recipient(s) **must be current on any home mortgage(s)** secured against the home. Applicants are required to provide proof of mortgage status prior to home selections. Provide a copy of a current mortgage statement or bill from the mortgage company showing current status.

Have you ever received a Loan or Grant from the HRA, CDA, MHFA or another public entity?

Yes  No If Yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Home Improvements Needed:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_



**Applicant's Certification:**

I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. I/We hereby authorize the release of any information necessary for the Christmas in May – Chaska process this application.

I/We are also agreeing to a home inspection by a team of qualified volunteers to evaluate the feasibility of improving my/our home within the allotted budget and time constraints.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date

**Warning:** Section 1001 of the Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**IMPORTANT PRIVACY NOTICE**  
**\*\*Read Before Completing the Application Form\*\***

We are asking that you provide the information on the Christmas in May - Chaska Program application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the Christmas in May - Chaska program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- \* Staff involved in program administration.
- \*Local loan committee members who approve applications.
- \*Auditors who perform required audits of this program.
- \*Members of the local governing board for the purpose of the addressing/resolving application complaints (as addressed in the project's policy and procedural manual).
- \*Those persons who you authorize to see it.
- \*Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form. Please keep in mind, however, that data must be release if required by court order, and, in addition, your private data may be release if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date