



Christmas in May Chaska

Celebrating 26 Years of Neighbors Helping Neighbors

Attention: Homeowners in Chaska

If your home is in need of repairs that you cannot do yourself or afford to hire others to do, please consider applying for Christmas in May Chaska.

Christmas in May Chaska will happen in Chaska on a Saturday in May (2025 date is still to be determined). On that day, volunteers, supervised by skilled craftsmen, will make repairs on selected homes. The work is typically outdoor work and includes things like painting, carpentry, landscaping, and yard clean-up. Chaska Electric staff also go through the home and do an energy audit.

Here are some guidelines for homeowners looking to apply for Christmas in May Chaska:

- ☆ Must be a homeowner currently living in the home
- ☆ Home must be located in the city of Chaska
- ☆ Homeowner must show proof that they are current on mortgage and property taxes
- ☆ Experiencing a physical or financial hardship that keeps you from doing the work yourself

Applications will be reviewed by the Christmas in May Chaska Board of Directors. If your home is considered for selection, we will notify you, and an authorized person will visit you at your home to get more information about your housing needs.

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

Please remember that Christmas in May Chaska is a non-profit organization supported by volunteers and donations from the Chaska community.

If you have questions about the application, please call (952) 227-7741.

Ways to submit your application:

Mail to: Christmas in May Chaska
PO Box 141
Chaska, MN 55318

Email to: christmasinmay18@gmail.com

Drop it off at the Parks and Recreation office at the Chaska Community Center (1661 Park Ridge Dr.)



Christmas in May Chaska Homeowner Application



Name of Applicant: _____

Name of Co-Applicant: _____

Address: _____ Chaska MN 55318

Phone: _____

Length of Residency: _____

Name of Nearest Relative: _____

Relationship to Relative: _____

Phone Number: _____

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. BY COMPLETING THIS SECTION, YOU WILL ASSIST US IN ASSURING THAT THIS PROGRAM IS ADMINISTERED A NON-DISCRIMINATORY MANNER.

Gender: Male Female Prefer not to answer

Ethnicity: White African American Hispanic Other
 Native American Asian/Pacific Islander

Marital Status: Married Single

Family Status: Head/Spouse 62 years old or older Head/Spouse Disabled

Are you a Veteran? Yes No

Household: List all Household Members

Name	Relationship	Age	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	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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	Current Value
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"/>	\$ _____

Home Information

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:

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

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 released if required by court order, and, in addition, your private data may be released 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