



**ANNUAL COMMUNITY PAINT-A-THON**  
**CONFIDENTIAL HOMEOWNER APPLICATION**  
**APPLICATIONS DUE by July 1<sup>ST</sup>**

**Please return completed application to: Catholic Charities, 1801 W. Central Road, Arlington Heights, IL 60005**

NAME OF HOMEOWNER: _____	AGE: _____
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OTHER HOUSEHOLD MEMBERS (all must be listed)	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

ARE YOU A VETERAN? BRANCH: _____ YEARS SERVED _____
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How did you hear about the Paint-A-Thon? \_\_\_\_\_

**HOUSE INFORMATION:**

My house is:  One-story  One & a half stories  Two-story  Duplex  Mobile Home

Height of Highest Peak \_\_\_\_\_ (Must not exceed 25 feet and be easily accessible)

How long have you lived in your house? \_\_\_\_\_ Year Built \_\_\_\_\_

**My property taxes have been paid and are up-to-date:** YES \_\_\_\_\_ NO \_\_\_\_\_

Areas that need paint are:  Trim  Entire House  Garage - Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

The exterior of my home is:  Wood Frame  Brick  Stucco  Siding  Other

Any additional Information: \_\_\_\_\_

**PLEASE LIST NAMES OF RELATIVES LIVING IN OR NEAR THE AREA WHO WOULD BE WILLING TO HELP WITH PREPARATION, PAINTING, OR CLEAN-UP.**

NAME(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*Will bathroom facilities be available for volunteers?\*** Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you able to provide water, soft drinks or coffee during the day for volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT REQUIRED:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell / Evening: \_\_\_\_\_

## CONFIDENTIAL INCOME INFORMATION

(The financial information will be available to professional representatives of the Coordinating Committee only, and is confidential)

“Income” means any amount received from the following sources by **ALL** household members. List monthly income by category listed below. **Financial information must be provided for the application to be considered.**

	Monthly <u>Totals</u>	OR	Annual <u>Totals</u>
Social Security	_____		_____
Salaries or Wages	_____		_____
Pension & Annuities	_____		_____
Interest & Dividends	_____		_____
Any public assistance	_____		_____
Other _____	_____		_____
<b>MONTHLY TOTAL</b>	_____		_____
x 12 = <b>ANNUAL INCOME</b>	_____		_____

## INCOME VERIFICATION

**ASSETS:** Fill in the amount or write “none” for ALL items.

	<u>AMOUNT</u>		<u>AMOUNT</u>
Savings Account	_____	Cert. Of Deposit (CD’s)	_____
Checking Account	_____	Stocks & Bonds	_____
Any Other	_____		

Are you Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

## HOMEOWNERS INSURANCE

**(Provide a photocopy of your current Homeowners Policy)**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please mark

My “Homeowners Insurance Policy Declaration” page is attached (required).

I am the owner of record and do occupy the residence listed in this application. I am not presently planning to sell my home – *and I do not intend to sell my home within the next two years.*

I understand and agree to have the **exterior** of my home painted by VOLUNTEERS.

I, the undersigned, certify (subject to disqualification from the Paint-A-Thon program) that the information is true & correct to the best of my knowledge and belief, and that the provisions stated are accepted and agreed to.

\_\_\_\_\_  
Homeowner/Applicant Signature

\_\_\_\_\_  
Date

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