

2010

Community Cares

A joint collaborative project from:



CARING FOR THE COMMUNITY ONE HOME AT A TIME

Community Cares Application

Date received:
City/Code Citation Issued: Y N
Code/Env. Svcs. Officer:
Referred by:
Phone number:
Application number:

Section 1 – Applicant Information

**submission of an application for this program DOES NOT guarantee acceptance of your project request*

Legal Name of Applicant:	Age:
Home address:	City:
	Zip:
Email address:	Brazos County
<i>Please select your relationship to the homeowner:</i> <input type="checkbox"/> Neighbor <input type="checkbox"/> Family Member (Please list) <input type="checkbox"/> City Employee <input type="checkbox"/> Community Member (Ex.: Daughter/Son/Sister/Brother <input type="checkbox"/> Family Friend Cousin/Aunt/Uncle/Parent/etc.) <input type="checkbox"/> Self	Home Phone: Cell Phone: Work Phone:

Would you like your nomination kept anonymous? (Please Circle) Yes No

Would you be willing to be a volunteer for this project? Yes No

Section 2 – Homeowner Information

Legal Name of Homeowner:	Age:
Home address:	City:
	Zip:
Email address:	Brazos County
<i>List the names (first and last names), relationship and ages to homeowner of all people living in the home. (Please attach a list if more space is needed)</i>	Home Phone: Cell Phone: Work Phone:
Name/relationship:	Age:

Which of the following services is the homeowner in need of: (ALL home projects will be EXTERIOR projects. Multiple services are permitted)	Please Check
Mail box replaced/reset	
House Painting	
Yard Clean Up	
911 Home Numbering	
Ramp Built/Repair	
Railing Repair/Installed	
Hedge Clipping	
Fence Patchwork	
Exterior Light Bulb Replacement	
Window Cleaning	

****Recipient Guidelines require ALL project recipients to contribute to their home project with some sort of investment either via financially or with volunteer services.****

How much can the homeowner afford to contribute to this project? \$_____

If unable to contribute financially, can the homeowner provide Sweat Equity hours by working with volunteers on their home project? Most projects will be scheduled for four to eight hour blocks, but may require a second work day.

Yes, with no physical limitations_____

Yes, with some physical limitations_____ (please describe : _____)

No _____

Please list any other home services the homeowner would like/need assistance with:
1.
2.
3.
4.
5.
6.
7.

If your home project is not selected as one of the Community Cares projects, would you like for us to recommend your project needs to Aggie BIG EVENT in March?

YES_____ NO_____

If your home project is unable to be selected due to needs greater than the capacity of the Community Cares program, would you like for us to recommend your project needs to one of Habitat for Humanity's housing programs?

YES_____ NO_____

Please tell us why you are nominating this home for a Community Cares Project. Project recipients are awarded monthly with only ONE PROJECT PER MONTH. COMMUNITY CARES PROJECT RECIPIENTS CAN ONLY BE SELECTED ONE TIME IN A CALENDAR YEAR. *This program is not intended for rental properties of any kind and will only consider project sites occupied by the property owner.* The more detail you can provide as to why this family/home is deserving of this project the better able the committee will be to determine project selection. Please use additional sheets as needed.