



*The Douglass Community Association*

*Growing with you since 1919*

1000 West Paterson Street  
Kalamazoo, MI 49007  
TEL (269) 343-6185 FAX (269) 343-2914

## **Home Repair Program Client Application**

**CHECK OFF BOXES AS YOU COMPLETE APPLICATION**

Fill out and submit application to Douglass Community Association, located at 1000 W. Paterson St. Kalamazoo, MI 49007

Provide proof of home ownership (deed, mortgage payment statement or land contract) and proof of current paid taxes.

Please provide information on all income (income tax form, check stubs or SSI documents.)

The agency must have all the above information before an application can be submitted.

This program is for senior citizens 60 years of age and above or disabled citizens, all of whom live in Census Tract 1 – 5.

_____	
Name	Age
_____	
Address	
_____	
Phone Number	

**Douglass Community Association Home Repair Program Service Application**

*Please PRINT answers. Answer all questions completely.*

Home Owner Name: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Owner Occupied \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Race: \_\_\_ Black \_\_\_ White \_\_\_ Hispanic \_\_\_ Other Gender: \_\_\_ Male \_\_\_ Female

Handicapped: \_\_\_ Yes \_\_\_ No If yes, please specify: \_\_\_\_\_

Referral source: \_\_\_\_\_

Family Income for the last 12 months:

	Family Member	Source/Employer	Wages	Other	Total
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Total Income: \_\_\_\_\_

Have you ever received service before? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

List services needed: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand this application does not guarantee the program's service to me. If requested service is rendered, I agree that in the event that my home is sold within two (2) years of completion of work, I will reimburse Douglass Community Association Home Repair Program the full cost of repairs made to the home.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Client Signature

OFFICE USE ONLY:

Ownership Verified \_\_\_ Mortgage \_\_\_ Land Contract \_\_\_ Deed \_\_\_ Census Tract \_\_\_

Eligible for service: \_\_\_ Yes \_\_\_ No Reason \_\_\_\_\_



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## **Photo Release Authorization**

**PLEASE PRINT**

/

\_\_\_\_\_  
**Last name**

\_\_\_\_\_  
**First name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

I hereby agree to allow Douglass Community Association to use and reproduce any and all photographs taken of my home. I also agree to allow Douglass Community Association to use any and all photographs for public display purposes or and for all purposes deemed necessary without compensation to me. All such photographs and proofs are the property of Douglass Community Association solely and completely.

**I have read (or have had read to me) this page and understand it.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**To Our Senior Clients:**

The basic objective of the Donald M. Jackson Home Repair unit of the Douglass Community Association is to provide, service to the elderly and disabled so that they can remain in their own home. There is no charge for the services provided by the association however, because funds are limited, those who are able are asked to make a donation.

**If you are able to make a donation, the following schedule is provided to help you determine the suggested amount.**

Based on our labor/material cost, your donation should be: \_\_\_\_\_ \$10 to \$50 \_\_\_\_\_

Respectfully,

Steven E. Dunning, Program Supervisor

O'Neal Ollie, Program Director

SED: sb

*Douglass Community Association*  
*Home Repair Program Inspection and Evaluation Form*

**Office use only**

Home Owner Name \_\_\_\_\_ Crew Assigned \_\_\_\_\_

Property Address \_\_\_\_\_ Yr. Built \_\_\_\_\_ No. of Stories \_\_\_\_\_

Item	Scraping	Priming	Caulking	Comments
Primary Structure Foundation walls Exterior Walls Porch Front Porch Rear Exterior Stairs Door & Frame Gutters/Downspouts Chimney (Repair) Other				
Secondary Structure Foundation walls Exterior Walls				
Landscaping Grass/Debris/Hauling				
Recommendation & comments	Hazards			
Referral for other service:	Special Equipment needed			
Initial Inspection: <b><i>I have inspected the property and have found the above conditions.</i></b>	Completed Evaluation: <b><i>I certify that the requested work has been completed at an acceptable level of quality.</i></b>			
Date	Staff Signature	Date	Staff Signature	

Homeowner Certification: ***I certify that the above work has been completed on my home and that I am satisfied with the quality of work.***

**Homeowner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_