

9-30 6-4
Last of the Day



Christmas in October

Houses, Lives and Neighborhoods since 1984

P.O. Box 32108, Kansas City, MO 64171
816.531.6443 www.christmasinOctober.org

TIP 9-27

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11 AM

Kids to Dellotter
2025 Resident Application

ask about

FOR OFFICE USE ONLY

Pre-Qualified by:

Group Name:

Neighborhood:

Homeownership Verified:

OK PRW

To qualify for the Christmas in October program, you must:

- (1) Own only one residence (the home in which you currently live).
- (2) Lack the finances or resources to have the repairs completed.

In addition, you must meet ONE of the following 3 criteria:

- (1) Be age 62 or older.
- (2) Have a physical disability.
- (3) Be a veteran or have a veteran residing in your home.

Appraisal 131,100
1347 SQ FT
Built 1905

****Application must be completed in its entirety and signed in order to be considered.****

Homeowner Information				
Name of Homeowner	Julia Hanrahan			
Street Address	1600 SW Blvd			
City	Kansas City	State	KS	Zip Code 66103
Primary Phone	(913) 2623311	Secondary Phone	(913) 6262017	
Name of Alternate Contact	Hubert Hanrahan	Alternate Contact's Phone	(913) 7470219	
Total Annual Household Income \$	24000.	Age of Owner	77	
How many years have you lived in your home?	25 yrs			
(optional) Is any resident disabled?	<input checked="" type="radio"/> Y	Which resident has the disability? Julia		
Explain disability:	I need a Rt Knee operation			
Are you married?	<input checked="" type="radio"/> Y	Does a veteran live in the home?	<input checked="" type="radio"/> Y	
Please list all residents other than the owner living in the home and If you are caring for children 18 years or younger either full or part time please list them below:				
First Name	Age	Part time	Full time	Relationship
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
General Information on House: Number of stories <u>2</u> Number of bedrooms <u>2</u>				
Number of bathrooms <u>2</u> Does house have basement? <u>yes</u>				
Have you received help from Christmas in October before? <input checked="" type="radio"/> Y <input type="radio"/> N What year? <u>2022</u>				

Christmas in October focuses on issues of WARMTH and SAFETY.

Please check all that apply

Carpentry Help Needed

Stairs or wheelchair ramp repair

Handrails or grab bars need installed or repaired

Need a wheelchair ramp

Other (describe): _____

Roof repair needed (Roof is leaking)

Exterior siding repair(s) needed

Exterior painting needed

Ceiling / interior wall repair(s) needed

Interior painting needed

Plumbing repair(s) needed:

Leaking water line or drain line

Dripping or inoperable faucet (sink, tub, or shower)

Toilet leaking or not working

Other (describe): _____

Electrical repair(s) needed:

Lights, light switches, ceiling fan, or outlets not working

Other (describe): _____

Door & window repair(s) needed:

Broken / missing window glass

Damaged window frame, or exterior window sill

Damaged / missing window screen

Doors that are damaged

Exterior doors that do not lock

Doors or windows that do not shut or seal properly

Other (describe): _____

Heating & Cooling repairs needed:

Furnace does not work

Air conditioner does not work

Other (describe): _____

Yard work needed:

Trim bushes

Mow yard

Fence repairs

Remove trash or junk

→ inside house

Other (describe): _____

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Other (describe): _____

I need to de clutter my house on the 1st Floor, and some in Basement.

Please use the area below to disclose any additional relevant information regarding your request.

Please DO NOT submit tax, homeowner or other personal information with this application

Christmas in October Waiver of Liability

The undersigned, Julia Hanrahan (homeowner), hereby releases and forever discharges the officers, directors, agents, employees, volunteers and representatives of the Christmas in October Program, as well as the municipal government in which the home is situated, including, but not limited to, the City of Kansas City, Kansas, the City of Kansas City, Missouri, and the persons or entities providing materials or labor to the rehabilitation or renovation work provided to the undersigned homeowner, from all claims, demands, actions and causes of action relating to any injury or loss which the undersigned may sustain in any way connected with the undersigned's home participating in the Christmas in October program.

The undersigned agrees and understands that the undersigned is to assume all the risks and grant this release in consideration for whatever rehabilitation or renovation work is provided to the undersigned's residence. The undersigned fully understands that all work provided is on a voluntary basis and the undersigned agrees to accept whatever work is provided. The undersigned understands that no promises or assurances have been made that any particular work will be done or that any particular result will be achieved.

The undersigned also understands that the Cities of Kansas City, Kansas, and Kansas City, Missouri, will not be inspecting any work done by volunteers from Christmas in October.

As one of the Christmas in October program participants, the undersigned, as well as all other residents in the home, authorize Christmas in October to use and/or publish any and all photographs or video taken the day of the event to use for reporting and/or marketing purposes (i.e., sales and marketing collateral, website, published reports, etc.).

The undersigned fully understands the meaning of the terms of this release and the undersigned has freely agreed to be bound by its terms.

HOMEOWNER SIGNATURE: Julia Hanrahan DATE: 4-3-25

TO SUBMIT APPLICATION:

Mail to: P.O. Box 32108, KCMO, 64171 OR Email: Info@christmasinOctober.org