



CHRISTMAS  
OCTOBER

#2

8:30 to 9:31  
Christmas in October  
Rebuilding Houses, Lives and Neighborhoods since 1984

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

1030 AM  
Before 11

2025 Resident Application

FOR OFFICE USE ONLY

Pre-Qualified by:

Group Name:

RDA

Neighborhood:

Homeownership  
Verified:

OK [Signature]

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.

2025 appraised value 121,900

912 sq ft

Built 1946

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

Homeowner Information

Name of Homeowner Jerry @ Debbie Sullivan

Street Address 1231 Lawton LN

City KC

State KS

Zip Code 66103

Primary Phone (913) 304 0106

Secondary Phone (816) 806 1569

Name of Alternate Contact

Alternate Contact's Phone ( )

Total Annual Household Income \$ 44,108

Age of Owners' 69 @ 69

How many years have you lived in your home? 30 years

(optional) Is any resident disabled? (Y) N

Which resident has the disability? Jerry

can't walk without pain or

Explain disability: (1) PAD Artery disease in legs

(2) SPINAL STENOSIS - very far.

Are you married? (Y) N

Does a veteran live in the home? (Y) N

MARINES 6 years  
KS Nat Guards 2 years

NAVY Reserves 5 years.

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 2 Number of bedrooms 3

Number of bathrooms 1 Does house have basement? yes

Have you received help from Christmas in October before? Y (N) What year?

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\*\*\*

We need a few window repairs, and gutter guard.  
with the disease that I have, there will be medical bills,  
also - I can no longer climb ~~ladders~~ ladders. ;)  
Thank you.

### Christmas in October Waiver of Liability

The undersigned, Jerry Sullivan Debbie Sullivan (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: Jerry Sullivan DATE: June 5 - 2025  
Debbie Sullivan  
TO SUBMIT APPLICATION:

Mail to: P.O. Box 32108, KCMO, 64171 OR Email: [Info@christmasinOctober.org](mailto:Info@christmasinOctober.org)

HOMEOWNER NAME: Jerry & Debbie Sullivan

Date of inspection: 7/9/25

ADDRESS: 1231 Lawton LN

Inspectors: Brian & Jim

Number of Stories: 1 / 2 / 3

Number of bedrooms: 1 / 2 / 3 / 4

Number of bathrooms: 1 / 2 / 3

QUESTIONS FOR THE HOMEOWNER:

How many years have you lived here? 30

YES NO

- Does the furnace work?
- Is the Gas turned on?
- Is the Water turned on?
- Is the electric service connected?
- Is the Attic insulated?
- Is there a smoke detector in each bdr?
- Is there at least one CO2 detector?
- Does the main sewer line work?
- Is the roof free of leaks?
- Is there a bathroom on the 1st floor?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

*one bedroom needs a smoke detector*

EXTERIOR

Yard

Urgent

- Overgrown trees / bushes / shrubs / vines
- Lawn needs mowing
- Trash in the yard
- Fence / Gate repair is needed      type of fence \_\_\_\_\_
- Dumpster needed (check if yes)
- Other \_\_\_\_\_


Accessibility

- Repairs needed to wheelchair ramp
- A wheelchair ramp needs to be built
- Sidewalk repair/replacement/addition is needed


Front Steps - Type: Concrete / Wood

- Minor repair needed *Concrete needs mortar*
- Major repair / Replacement needed
- Handrail repair / replacement / addition needed




**FOUNDATION -- Type: Basement / Crawl Space / Slab on Grade** (Bsmt Type: Stone, Cement, Cinder block)

- Foundation walls need minor repair (mortar / crack repair)
- Foundation walls need major repair (wall caving)
- Additional fill dirt or regrading needed against foundation wall *Along Back of foundation*

**STRUCTURE**

- Structural (beam / joist / column) repair needed

**INTERIOR**

**GENERAL INTERIOR AREAS - CEILINGS / WALLS / DOORS/FLOORS/STAIRS**

- Minor ceiling / wall repairs / painting needed
- Major ceiling / wall repairs / painting needed
- Door needs repair / replacement

**FLOOR TYPE: Wood / Carpet / Ceramic Tile / Vinyl / Laminate** (circle all that apply)

- Minor floor repairs needed
- Major floor repairs needed

**STAIRS**

- Minor stair repair needed
- Major stair repair / replacement needed
- Handrail repair / installation is needed

**KITCHEN**

**Kitchen Sink**

- Sink faucet drips / wastes water
- Low hot / cold water flow / pressure
- Sink faucet needs replacement
- Faucet spray doesn't work
- Sink drain leaks
- Sink drain is clogged
- Sink / countertop needs caulking
- Sink needs replacement

**Kitchen Cabinets / Countertop**

- Cabinets need repair / replacement
- Countertop needs replacement
- Cabinet floor under sink needs repair / replacement



**Tub/Shower**

- Tub spout / shower head drips / wastes water
- Low hot / cold water flow/pressure
- Tub / shower faucet doesn't work
- Bad Tub/Shower diverter valve
- Tub / shower drain leaks
- Tub / shower drain is clogged
- Tub/Shower Surround needs repair
- Tub needs caulking
- Recommend Replacing Tub with Shower
- Recommend Grab Bars for safety


**Bathroom Lights & Outlets**

- Bathroom light doesn't work
- Bathroom outlet (Receptacle) doesn't work
- Recommend GFCI receptacle


**Bathroom Floor**

- Floor needs repairs

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**LAUNDRY -- Location: Basement / Main Level**

- Recommend relocating laundry to the main level

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**Washer**

- Water supply line(s) leaking
- Drain is clogged / backs up
- Washer doesn't work


**Dryer Type: Electric / Gas**

- Dryer does not vent properly to the exterior
- Dryer does not work


**ELECTRICAL**

- Bad receptacle / switch / light fixture / ceiling fan needs replacement
- Additional receptacle(s) needed to minimize use of extension cords
- Unsafe electric panel / wiring / needs correction
- Replace switch or outlet cover plate(s)
- Service entrance / meter defect -- contact utility provider


**PLUMBING**

- Main water supply line leaks needs replacement or repair
- Other water supply line(s) need repair
- Main sewer line needs replacing
- Sewer line backs up - needs to be cleared
- Drain line leak needs repair
- Water heater does not work


**HEATING & COOLING**

- Furnace does not work
- AC does not work
- Air filter needs to be cleaned / replaced
- Outside AC compressor fins are dirty - needs cleaning
- Window A/C unit(s) needs replacing
- Thermostat needs replacing
- Flu pipe is rusted and needs replacing


**SUMMARY**

YES      NO      Maybe?

Do you feel this homeowner needs the help?

✓		
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Is this homeowner deserving of CIO's help?

✓		
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Do you feel the homeowner will be appreciative?

✓		
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Will this be a safe environment for our volunteers?

If No - please list concern(s):

✓		
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Should this house be included in the CIO program?

✓		
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**Written comments regarding house or homeowner (Optional):**

Homeowner has degenerative disease. He ~~was~~ is willing to buy materials needed, but doesn't have physical ability to do work anymore.