

Entered 7/25

7-23 - Wed 830 - 12



Christmas in October

Rebuilding Houses, Lives and Neighborhoods since 1984

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

Nothing Scanned in

FOR OFFICE USE ONLY

Pre-Qualified by:

Group Name:

Neighborhood:

Homeownership Verified:

OK DRW

2025 Resident Application

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.

Appraised 116,100
Built 1940
1784 SQ FT

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

Homeowner Information				
Name of Homeowner	Brian Anderson & Evelyn			
Street Address	856 Troop Ave			
City	State	Zip Code		
Kansas	KS	66109		
Primary Phone	(913) 562-4509	Secondary Phone	(913) 562-4336	
Name of Alternate Contact	Evelyn	Alternate Contact's Phone	() 7	
Total Annual Household Income \$	Age of Owner		47	
How many years have you lived in your home?	6 yrs			
(optional) Is any resident disabled?	<input checked="" type="radio"/> Y <input type="radio"/> N	Which resident has the disability?		
Explain disability:	ADHD, Arnie Seberlyson, John Nonverbal			
Are you married?	<input checked="" type="radio"/> Y <input type="radio"/> N	Does a veteran live in the home?	Y N	
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
John		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Son
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
General Information on House: Number of stories ___ Number of bedrooms ___				
Number of bathrooms 1 1/2 Does house have basement? <input checked="" type="checkbox"/> Y				
Have you received help from Christmas in October before? <input checked="" type="radio"/> Y <input type="radio"/> N What year?				

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): Shower not working

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

Other (describe): _____

Other (describe): _____

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

our son John is Non Verbal
love bath, shower not walking

Christmas in October Waiver of Liability

The undersigned, Brian Anderson (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: Brian Anderson

DATE: 10-20-2025

TO SUBMIT APPLICATION:

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

HOMEOWNER NAME: Brian Anderson

Date of inspection: 7/23/25

ADDRESS: 856 Troup Ave

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? _____

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?

YES

NO

YES	NO
✓	
✓	
✓	
✓	
✓	
	✓
	✓
✓	
	✓
✓	

EXTERIOR

Urgent

Yard

- 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 *Repl concrete ramp*

Front Steps -- Type: Concrete / Wood

- Minor repair needed
- 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

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

✓

LAUNDRY -- Location: Basement / Main Level

- Recommend relocating laundry to the main level *Move washer to main level.*

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

<input type="checkbox"/>	Main water supply line leaks needs replacement or repair	
<input checked="" type="checkbox"/>	Other water supply line(s) need repair <i>To bathroom shower is clogged</i>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Main sewer line needs replacing	
<input type="checkbox"/>	Sewer line backs up - needs to be cleared	
<input type="checkbox"/>	Drain line leak needs repair	
<input type="checkbox"/>	Water heater does not work	

HEATING & COOLING

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

SUMMARY

YES NO Maybe?

Do you feel this homeowner needs the help?

Is this homeowner deserving of CIO's help?

Do you feel the homeowner will be appreciative?

Will this be a safe environment for our volunteers?

If No - please list concern(s):

Should this house be included in the CIO program?

Written comments regarding house or homeowner (Optional):