



FREDERICK AVENUE CORRIDOR RESTORATION GRANT

Application

Homeowner Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Please list the name and phone number of a person to contact in case of emergency:

Name: _____ Phone: _____

Applicant Age Range: 18-25 26-35 36-45 46-55 56-65 66+

Applicant's Ethnicity (Circle one): Hispanic Not Hispanic

Applicant's Race (Circle one): White African American / Black American Indian or Native Alaskan
Asian Native Hawaiian / Pacific Islander Other: _____

Interpreter Needed? Y N Language: _____

Number of people in household? Adults (18+) _____ Children (0-17) _____ Total _____

Female head of household? Y N Single parent: Y N

Is any household member currently serving in the military or a military veteran? Y N Please specify name, branch and status. _____

Does anyone in the home live with a disability? Y N Please specify type of disability: _____

House Information

Name(s) listed on the Property Deed: _____

Number of years homeowner has lived at this address: _____ Year home was built: _____

Do you have homeowners insurance? Yes No Is your homeowners insurance current? Yes No

Housing type? (e.g. Single family, row home, duplex, etc.) _____

Types of Repairs Requested

- Installation of flood resistant utility rooms in basement
 - Raised platforms/stands for appliances such as furnace, water heater, fuel tank, washer or dryer
 - Relocating electrical boxes above water line
- Water heater replacement
- Installation of water resistant drywall
- Installation of hard flooring
- Installation of Sewage Backwater Valve
- Front facades
- Porches and/or awnings
- Landscaping to assist with water run-off
- Other: _____

Please further describe the repairs requested: _____

Verification Documents Requested

All applications must include copies of the requested documents to be considered for program services. Please make a copy of these documents. **DO NOT SEND US YOUR ORIGINAL COPY!**

Proof of homeownership - e.g. deed or property tax receipt; must show the name and address of the applicant.

Proof of current homeowner's insurance - Document must show homeowner's name, address, and dates of coverage.

Proof of damage from May 27, 2018 flooding – photos taken during and/or after the flood, estimates for repairs, correspondence with insurance company, city agency or non-profit organization such as the Red Cross

Homeowner Agreement

I certify that the information in this application is accurate and that I own the property at the address provided. I confirm that any physically able persons residing in my home or visiting for the project day will work alongside the **FREDERICK AVENUE CORRIDOR FLOOD RESTORATION (FACR)** volunteers. I confirm that except for the conditions listed, my home is a safe place for volunteers. If volunteers are placed in an unsafe environment, FACR reserves the right to remove volunteers at our discretion.

I understand that some of the people who may work on my house are unpaid volunteers. All volunteers will be supervised by a licensed contractor.

- Please check this box if you are comfortable with FACR referring your name, address, and phone number to partner organizations and/or for use in marketing materials.

Signature: _____ Date: _____

*The final decisions on all program requests are based on available funding at the time of application. Please allow 2 -4 weeks for processing and final decisions from completed application receipt. Once eligibility is determined, the homeowner will be contacted by FACR and a House Captain. A Project Manager will be assigned to schedule an initial assessment to determine further consideration of repairs.

Please return completed application with all required documents to:

FREDERICK AVENUE CORRIDOR FLOOD RESTORATION

Miracle City Church
100 S. Rock Glen Road
Baltimore, MD 21229