



*VALLEYPALOOZA ORGANIZATION, INC.
P.O. BOX 314, VALLEY PARK, MO. 63088*

Dear Homeowner:

ValleyPalooza Organization, Inc. is a non-profit volunteer organization that brings volunteers and our community together to improve the homes and lives of low-income homeowners. Our mission is to assist those who do not have the means or ability to make repairs themselves, **particularly older adults and the disabled**. To be eligible, the house must be located in the city of Valley Park, MO., you must own, live in and plan to stay in this house. **Please read this letter carefully**, completely fill out and return the enclosed application with all the copies required to be considered. We encourage you to submit your application promptly, because we are currently reviewing houses that will benefit from our 2011 ValleyPalooza Music Festival.

Please understand that returning the application or even a visit to your home by someone from the ValleyPalooza Organization does not guarantee you acceptance into the program. If you are selected, we do expect available, able-bodied homeowners and family members to work alongside volunteers.

It is very important that you complete and enclose all information including:

- 1. Copy of the most recent U.S. Income Tax Return (if you file taxes), Circuit Breaker Form or other proof of income such as your social security benefit statement for EVERYONE living in your home.**
- 2. Copies of checking and savings bank statements for EVERYONE living in your home (account numbers omitted).**
- 3. Copy of your latest paid Real Estate Property Tax Bill.**

Not returning or completing necessary information may disqualify you for consideration. If you have any questions, call Sheri O'Brien at 314-616-9003 or Jennifer Vanelli at 314-581-5720.

We would like to be able to help everyone who needs our assistance, but resources and volunteers limit us. Unfortunately, many homeowners apply whom we are not able to help. **You will be notified by letter whether or not your home is selected.**

Sincerely,

The ValleyPalooza Organization, Inc.

VALLEYPALOOZA



ORGANIZATION, INC.

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Please feel free to photocopy this form to give to friends, family, and neighbors who also need our services.

**Please enclose all financial paperwork detailed in Section B.
Omission of this paperwork may be cause for denial.**

Name of Homeowner(s): _____

(Mrs. Ms. Mr.) Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

List EVERYONE living in the house (including homeowner[s]). List additional on back:

SELF _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Years you have owned this house: _____

Are you the sole owner of the home? _____

Amount of house payment:\$ _____

How did you hear about this program? *Aldersperson, flyer, TV, radio, newspaper, church, social worker program, friend, relative, neighbor, other* _____



Section B

FINANCIAL INFORMATION

TO BE CONSIDERED FOR OUR PROGRAM YOU MUST PROVIDE COPIES OF ALL DOCUMENTS LISTED BELOW THAT APPLY TO YOU!

1.) PROOF OF INCOME FOR EVERYONE LIVING IN THE HOME

This includes last year's U.S. Individual Income Tax Form 1040EZ, and **MOST RECENT** statements from Form 1099 Social Security Benefits, Pension, SSI, Circuit Breaker Form, Welfare Determination Letter, Veteran's Benefits, TANF Benefits, Employment Payroll Stubs, Unemployment Benefits, Food Stamp Benefits, Interest/Dividends or any other benefits/income someone in the home is receiving.

2.) MOST RECENT ASSETS OF EVERYONE LIVING IN HOME

Assets include copies of checking/savings accounts, certificates of deposit, mutual funds and stocks.

3.) COPY OF YOUR LATEST PAID REAL ESTATE TAXES

List TOTAL MONTHLY amount BEFORE DEDUCTIONS of all household members.

NAME	1. _____	2. _____	3. _____
Wages/Employment	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
Food Stamp Benefits	\$ _____	\$ _____	\$ _____
Pension Annuities	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
(Please List Type)			
<i>Gross Total</i>	\$ _____	\$ _____	\$ _____

NAME	1. _____	2. _____	3. _____
Checking Account	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
COD	\$ _____	\$ _____	\$ _____
IRA, Mutual Funds or Stocks	\$ _____	\$ _____	\$ _____



Section C

HOUSE INFORMATION

Check All Repairs Needed in Your Home:

Exterior ____ *Door* ____ *Electrical* ____ *Wall* ____ *Plumbing* ____ *Interior* ____ *Window* ____
Painting ____ *Floor* ____ *Guttering* ____ *Yard Work* ____ *Roof* ____ *Tuckpointing* ____
Heating ____ *Cooling* ____
Other _____

Please list the three most important repairs needed.

- 1.) _____
- 2.) _____
- 3.) _____

How will these repairs help you?

Explain why you or your family have not made the repairs.

If your home is selected, we expect able-bodied family members and friends to help with repairs.

Will this happen? Circle One: Yes / No

If "yes," who will help? If "no," why will no one

help? _____

Check all that apply to your home:

One story wood frame basement _____

Two story brick flat roof _____

Over siding pitched roof _____

Two story shingled roof _____

Do you understand that volunteers as well as contractors will be working on your home?

Circle One: Yes/ No



Section E HOMEOWNER AGREEMENT

**I HAVE INCLUDED: Proof of Income for ALL living in or owning the house copies of bank statements and other assets of all in house
Copy of latest paid real estate taxes**

General Release Form

I/we hereby authorize VALLEYPALOOZA ORGANIZATION, INC. or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency and banking information from all persons, companies, or firms holding or having access to such information. VALLEYPALOOZA ORGANIZATION, INC. or its designated agents have the option to release NON-FINANCIAL information for the purposes of volunteer education. This authorization, shown as original signature or photocopy, hereby gives VALLEYPALOOZA ORGANIZATION, INC. the right to request all information it can or could obtain from any person, company or firm on any matter referred to above. I/we agree to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statement or information released by them to the VALLEYPALOOZA ORGANIZATION, INC. for the purposes of the program. The term of this authorization shall commence on the date of signature(s) and be in force for a period of two (2) years.

My signature below indicates that the information provided herein is accurate and complete. I have read the information provided by VALLEYPALOOZA ORGANIZATION, INC. and have a basic understanding of the program and its process. I give VALLEYPALOOZA ORGANIZATION, INC. with volunteers my permission to inspect my home for purposes of house selection and/or repair.

VALLEYPALOOZA ORGANIZATION, INC. does not act as contractors or sub-contractors. Our main purpose is to raise funds in order to assist you, the home homeowner, with necessary repairs and medical needs.

I would like my information shared with other agencies who might be able to help me: YES NO

Signature of Applicant: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____



Section D

MEDICAL NEEDS

Name of person with Handicap: _____

Date of Birth: _____

Legal Guardian: _____

Please provide VALLEYPALOOZA ORGANIZATION, INC. a description of the illness/handicap and medical needs of applicant. Provide history.

Please list current social services being used (if any):

Please list all medical equipment required:

Please describe the level of care required and who currently provides this care:

Have you ever applied for federal, state or local grants? If so please list those applied for and if received.

What can ValleyPalooza do that would help in the care and wellbeing of the handicapped person in your house?
