



SICORA
Design/Build

FULL-SERVICE
HOME
REMODELING

WWW.SICORA.COM

952-929-0098

Sicora CARES
A home repair ministry

INSTRUCTIONS:

1. Please review the requirements to determine if you qualify.
2. Complete and sign the application. Applying does not guarantee your home will be selected.

3. Return completed application to (mail or email is fine):

Ron Sonnek

Sicora Cares

5601 West Lake Street, St Louis Park MN 55416

rsonnek@sicora.com

952.929.0098

ELIGIBILITY REQUIREMENTS:

1. Homes will be considered based on availability of volunteers, materials, and scope of work
2. You must currently live in and own the proposed property and intend to live in this home for at least the next 2 years.
3. You must be at least 60 years old, a disabled individual, or a Veteran of the United States Armed Forces or their Surviving Spouse. *(disabled individuals under 60 years of age, please provide a medical statement of disability with your application)*
4. Total household gross income (from all sources) guidelines are outlined below. If your income is above the guidelines below, you may still qualify to have work completed at a reduced cost to you.

Household Size	1	2	3	4
Monthly/Yearly Income:	\$3,000/36,000	\$3,900/46,800	\$4,900/58,800	\$5,900/70,800
** After 4, please add \$12,000 yearly for each additional person residing in the home				

5. The types of services include:

EXTERIOR:

- Exterior painting
- Minor roof repairs
- Repair or partial replacement of damaged siding, trim, or fascia
- Accessible ramp/railings
- Deck or porch repairs
- Interior handyman related repairs
- Gutter cleaning or lite yard clean up

INTERIOR:

- Minor Plumbing/Electrical repairs
- Decluttering or cleaning
- Interior painting or wall repair
- Interior/Exterior Door repairs
- Stairway or handrail repairs

APPLICATION:

Name of Applicant #1: _____ Birthdate: _____

Name of Applicant #2: _____ Birthdate: _____

Address: _____

City: _____ Zip Code: _____

Phone # _____ Email: _____

Eligibility:

Do you Own and Occupy your Home? ___ Yes ___ No

Do you intend to reside here for at least 2 more years? ___ Yes ___ No

Which applies to you: ___ Age 60 or Older ___ Disabled ___ Veteran/Spouse
(additional documentation may be requested)

Monthly Income Calculation: Please fill in the following:

Social Security Income (all household members):		_____
Salaries	+	_____
Rental Income	+	_____
Other Income	+	_____
<i>Total Gross Monthly Income</i>		_____

Type of Work Desired for Completion: Place an 'X' next to area(s) that you are interested in:

EXTERIOR:

- ___ Exterior painting
- ___ Minor roof repairs
- ___ Repair or partial replacement of damaged siding, trim, or fascia
- ___ Accessible ramp/railings
- ___ Deck or porch repairs
- ___ Interior handyman related repairs
- ___ Gutter cleaning or lite yard clean up

INTERIOR:

- ___ Minor Plumbing/Electrical repairs
 - ___ Decluttering or cleaning
 - ___ Interior painting or wall repair
 - ___ Interior/Exterior Door repairs
 - ___ Stairway or handrail repairs
 - ___ Other (please describe)
- _____

Home Owner Agreement (please read carefully)

I hear by certify that I do not plan or intend to sell my home within the next 2 years. I certify that I have homeowner’s insurance. I confirm that, except for conditions which may be described in this application, my home and the surrounding areas is a safe place for volunteers. If requested, I agree to provide financial records to verify the income listed in this application, ownership of this property, and/or insurance documentation. I also understand that Sicora reserves the right to revoke acceptance of any home into this program for any reason at any time. I also confirm that any physically able person(s) residing in my home or visiting for the project day will be able to help or assist the volunteer efforts taking place. If this waiver and release of claims is found ineffective by a court of law, then I waive all claims against Sicora, Inc and everyone associated, for property damage or personal injury to the extent that those claims are covered by any health or property insurance that I may have.

I understand that the people who may work on my home are unpaid volunteers. Sicora offers no warranty as to the work that is being completed other than that which may be required by MN State Statute. I hear by release Sicora, Inc, and all associated, from all liability arising from negligence for any personal injury or property damage arising out of or relating to the work done on my home.

I grant Sicora, Inc, unrestricted permission to use, copy, reproduce, alter, display, distribute, publish, and/or exhibit any pictures, video or narrative in which I may be included through any means or communication whatsoever for any lawful purpose whatsoever. I further release and discharge Sicora, Inc, from any and all claims arising out of such use or activity.

Please note that to assess your homes suitability for our program, that Sicora reserves the right to inspect the home and property surrounding it. Your signature below gives us permission to conduct this inspection.

By signing this document, I/WE hear by confirm that all information in this application is correct and that I/WE understand and agree to the stated terms and conditions.

Signature of Homeowner #1 Date

Signature of Homeowner #2 Date

**If you assisted the homeowner(s) with completing this application, please provide us with your contact information for any necessary follow up:

Name (please print) Phone #