



Community Service Application

"We need assistance with our roof."

Thank you for your interest in the Colorado Roofing Association's Community Service Program. We are committed to keeping homeowners and non-profits "Dry." Our program exists to assist the elderly and disabled on fixed incomes, working/low to moderate-income families and financially strapped non-profit organizations that are in need of roof repairs.

Please complete the information below*. You will be contacted by a CRA Community Service representative if you have been selected for an evaluation.

First name: Last name:

Non-Profit/Company Name (if applicable):

Mailing Address:

Mailing City: Mailing State: Mailing Zip code:

County:

Home phone: Work phone: Work Ext.:

Cell phone: E-mail address:

Are you the Homeowner or Renter?

If homeowner, are you employed? Yes No Spouse: Yes No

Do you have a mortgage payment? Yes No Are your payments current? Yes No

Do you have homeowners insurance? Yes No

Have you filed a claim to repair/replace your roof? Yes No

Was your claim denied? Yes No

If yes, why?

IN DETAIL, please tell us below why you need CRA's assistance with your roof, what your hardship is, including any disabilities and why you cannot financially afford to repair/replace your own roof:

**By submitting this form, you are authorizing the CRA to check references or conduct a background search and grant CRA permission to take photographs/video of my home.*

***Submitting this form does not guarantee your home for selection. Project selections depend on the availability of volunteers and funding. Homes are evaluated and selected on a case by case basis.*