

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 Ext.
Cell phone: E-mail address:
Property Address:
Are you the owner of the property? Yes \Box No \Box Is there a loan against the property? Yes \Box No \Box
Do you have property insurance? Yes No
Have you filed a claim to repair/replace the roof? Yes \square No \square
Was your claim denied? Yes No
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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:
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^{*}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 property for selection. Project selections depend on the availability of volunteers and funding. Homes are evaluated and selected on a case by case basis.