

Color Cares™ Paint Color Makeover Application

Please print, complete & mail this form to:

Color Cares Color Makeovers • PO Box 0037 • Minooka IL 60447-0037

Please include a photo of yourself, family, or person responsible for application if completing for an organization.

Today's Date: _____

For Residential Color Makeover:

Resident's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____

Email: _____

For an Organization Color Makeover:

Organization Name: _____

Your Name: _____

Your Position – Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Website: _____

If you are nominating a person, family or organization, please complete the following.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____

Email: _____

Relationship to Candidate: _____

Please summarize your candidate’s current situation and why you feel he, she or they are deserving of a Color Cares™ color makeover:

For a Home or Room Color Makeover:

Household Income:

_____ Under \$20,000

_____ \$20,000 - \$50,000

_____ \$50,000 - \$100,000

_____ \$100,000+

Are you currently employed? **Y / N**

Employment Information:

Your Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Years: _____

Phone: _____

Email: _____

Spouse's Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Years: _____

Phone: _____

Email: _____

Do you have Homeowner's Insurance? **Y / N**

Insurance Company: _____ Policy #: _____

Do you own your home? **Y / N**

Is the deed to your home in your name alone? **Y / N**

If not, whose name is on the house deed? _____

If you are chosen for a Color Cares™ color makeover, do you object to having Before & After digital photos or video taken of your home? **Y / N**

Please summarize your current situation or hardship and why you feel you are deserving of a Color Cares™ color makeover:

What specific room(s) in your home would you like to see given a color makeover?

Why? Please describe: _____

IMPORTANT: Please include with this application digital photos of the room(s) or area that you feel qualifies for a Color Cares™ color makeover

For an Organization's Color Makeover:

If your organization is chosen for a Color Cares™ color makeover, do you object to having Before & After digital photos or video taken of the project? **Y / N**

Please summarize your organization's current situation or hardship and why you feel you are deserving of a Color Cares™ color makeover:

What specific room(s) in your building would you like to see given a color makeover?

Why? Please describe: _____

IMPORTANT: Please include with this application digital photos of the room(s) or area that you feel qualifies for a Color Cares™ color makeover