



**Oceanside Community Association**  
 550 Vista Bella, Oceanside CA 92057  
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 www.oceanaseniors.org  
 Email: office@ocaoffice.org

**ALADDIN PROJECT**

Primary Applicant \_\_\_\_\_

Unit \_\_\_\_\_ House # \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Additional Applicants & Info \_\_\_\_\_  
 \_\_\_\_\_

Project Title \_\_\_\_\_

Donation: Time/hours \_\_\_\_\_ Treasure/cost \_\_\$\_\_\_\_\_

Talent/skills \_\_\_\_\_

Projected project dates Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Location for project \_\_\_\_\_

If appropriate, attach Proposal Yes / No Sketch Yes / No

Upon approval, applicant(s) will be required to sign the OCA Risk and Release form.

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I certify that the information is complete. Applicant agrees to the Aladdin guidelines. I understand that failure to follow the rules may lead to termination of my participation. Any resident information received to complete this project will be kept confidential.

<b>OCA Use</b>	Applicant verified	Yes / No
Application BOD approved date ____/____	Risk release received date ____/____	
BOD member _____	GM _____	

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_