



For Office Use Only
Received _____
Approved _____ Denied _____

P.O. BOX 120066 (757) 327-0696
NEWPORT NEWS, VA 23612 (757) 877-8378 FAX

Wheelchair Ramp Application

Section 1 - Applicant Information

Applicant Name _____ Age _____

Address _____
(Street)

_____ *(City)* _____ *(State)* _____ *(Zip Code)*

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Number of years at address _____ Do you Own Rent
(if you rent your home, provide information below for the owner)

If you've lived in your home for less than 5 years, attach previous addresses on a separate sheet.

Do you anticipate moving in the next 5 years? Yes No

Name of Property Owner _____
(if different from applicant)

Address _____
(Street)

_____ *(City)* _____ *(State)* _____ *(Zip Code)*

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Section 2 - Special Needs

Give a brief description / history of mobility restriction and how a ramp will improve the quality of life

Check all that apply:

- Applicant uses a walker, cane or crutches
- Applicant uses a wheelchair
- Applicant requires assistance to leave the home

Section 3 - Household Members

List other persons residing in the home:

	Name	Age	Relationship to Applicant
Applicant			
Resident #1			
Resident #2			
Resident #3			
Resident #4			
Resident #5			

Section 4 - Household Income

The total combined income before taxes for ALL persons living in the home is \$ _____ Per year. You must attach verification of all household income for each adult in the house, unless a full-time student (provide proof of registration) and or benefits for children. Please note on attached statements if it represents annual, monthly, twice monthly, bi-weekly or weekly.

Following the same format of the chart above, give amounts for each person in the household.

	Employment	Soc. Security	Soc. Security Disability	Soc. Sec. Supplemental Income	Other Disability Benefits	Annuity	Retirement / Pension	Workmans Compensation	Total Income
Applicant	\$	\$	\$	\$	\$	\$	\$	\$	\$
Resident #1	\$	\$	\$	\$	\$	\$	\$	\$	\$
Resident #2	\$	\$	\$	\$	\$	\$	\$	\$	\$
Resident #3	\$	\$	\$	\$	\$	\$	\$	\$	\$
Resident #4	\$	\$	\$	\$	\$	\$	\$	\$	\$
Resident #5	\$	\$	\$	\$	\$	\$	\$	\$	\$

Section 5 - Household Assets

List assets for each person in the household. If you have do not have any bank accounts, read and sign the statement below.

I currently have no bank accounts. Yes: _____ No: _____

	Cash On Hand	Checking and / or Savings	Marketable Securities and U.S. Savings Bonds	Total Assets
Applicant	\$ _____	\$ _____	\$ _____	\$ _____
Resident #1	\$ _____	\$ _____	\$ _____	\$ _____
Resident #2	\$ _____	\$ _____	\$ _____	\$ _____
Resident #3	\$ _____	\$ _____	\$ _____	\$ _____
Resident #4	\$ _____	\$ _____	\$ _____	\$ _____
Resident #5	\$ _____	\$ _____	\$ _____	\$ _____

Section 6 - Employment

NOTE: If present employment is less than 2 years, include information for previous employer (Use a seperate sheet if necessary)

	Employer's Name	Address	Years Employed
Applicant			
Resident #1			
Resident #2			
Resident #3			
Resident #4			
Resident #5			

Section 7 - Contributions / Fundraising

Are you able to financially contribute toward the construction of the ramp?

Sources: Personal contribution \$ _____
 Family \$ _____
 Friends \$ _____
 Church \$ _____
 Other fundraising \$ _____
 Contribution total: \$ _____

Section 8 - Application History

Have you applied to RAMPS Across America in the past? Yes No

If so, what year? _____

Have you ever applied for ramp assistance with another organization? Yes No

If so, provide the name of the organization(s): _____

Section 9 - Media Publicity

How did you learn about RAMPS Across America?

TV Radio Flyer Friend Neighbor

Other (describe): _____

If RAMPS Across America approves your application, would you be willing to have your picture taken or be interviewed by media reporters?

Interviews: Yes No

Photographs: Yes No

Section 10 - Certification

The applicant certifies all information in the application and all information furnished in support of this application is given for the purpose of obtaining a ramp under the guidelines for RAMPS Across America. The applicant also certifies that he/she lives at this address full time and that he/she has no present intention to move or offer my home for sale for at least three years.

The applicant understands that the people working on the home are unpaid volunteers; that few are skilled in the building trades; and RAMPS Across America makes no warranties, express or implied, regarding any materials used or work done by anyone at the home. The applicant hereby releases RAMPS Across America and all those associated with it from any and all liability whatsoever.

Applicant:

Print Name _____

Signature _____

Date _____

Witness:

Print Name _____

Signature _____

Date _____

Address _____

Attachments

- Prior year's tax return
- Proof of property ownership (i.e. tax bill or deed)
- Certificate of home owner's insurance
- Proof of all income
 - 2 past pay stubs
 - 3 latest bank statements
 - Social Security Statement
 - Other (where applicable)

- Medical Expenses (optional)
 - Monthly health insurance premiums
 - Monthly prescription costs