

Ramps for Independence Application

Thank you for your interest in the MI-UCP Ramps for Independence Program! Please return the completed application to the MI-UCP Lansing office. Keep in mind that application does not guarantee services but is the first step in the process to receiving services.

Legal Name of Homeowner 1: _____

Legal Name of Homeowner 2: _____

Ramp Recipient: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

County: _____

Phone: _____

Email: _____

Referral Agency/Name: _____

Employment Income	Monthly amount	Monthly X 12 months = yearly
Applicant		
Co-applicant		
OTHER INCOME		
DHS Cash Assistance		
Food Assistance		
Social Security		
SSI/Disability		
Alimony*		
Child Support*		
Other (please describe)		
TOTAL		

Home Assessment

Is the home in adequate state of repair?

(e.g., will the existing structure support additional construction, and can the safety of the individual entering and exiting the structure be reasonably ascertained?)

Yes No

If the home is not in adequate state of repair, the family must ensure a safe structure before the ramp can be constructed.

How many exits are there to the exterior of the home? _____

Where are these located? Front _____ Back _____ Side 1 _____ Side 2 _____

Are ***all exits*** currently inaccessible to the individual with a disability?

Yes No

Is any exit in an area such as a kitchen or furnace room, which might pose an increased safety hazard, should there be a need for emergency exiting due to a house fire?

Yes No

Do ***interior*** steps and/or other obstacles prevent wheelchair access to any exterior exits?

Yes No

What is the height distance (in inches) from ground to door? **(Must be completed.)**

Front Exit	Side Exit 1
Back Exit	Side Exit 2

What exit is best suited for a ramp? _____

(Must be completed.)

Describe the area where the ramp will end (i.e., will it be near a road/traffic, will ramp end on level terrain, etc...).

Please provide clear photographs of the exterior of the home, which show the exterior exit and the location at which the proposed ramp would end.

I understand that the number and availability of ramps is limited by the program funding available. I understand that even a complete application package does not guarantee a ramp. Initial: _____

I understand that Ramps for Independence is funded by a generous grant that is intended to help families who have exhausted traditional funding sources. I have looked for other funding sources ___ Yes ___ No

If Yes, what sources? _____

Initial: _____

I understand that UCP/Michigan is providing a funding mechanism only and is not responsible for the performance or warranty of the ramp.

Initial: _____

I certify that the information contained herein is correct to the best of my knowledge and capabilities.

If you have identified a contractor, please attach at least two (2) quotes and complete the information below:

Contractor's Name: _____

Address: _____

City: _____ Zip: _____

License Number: _____

Documentation Checklist

All sources of household income must be verified:

- check stubs
- current benefit letters for other sources of income, including Social Security and pensions
- tax returns from year prior (full set including attachments, W-2s etc.)
- if self-employed, three years of taxes (full set including any attachments)
- 2 Contractor quotes (if identified)

Homeowner Ethnicity:

- American Indian or Native American
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black
- Hispanic
- Latino

Sex:

- Female
- Male

Have you served or are currently serving in the U.S. Armed Forces:

- Yes
- No
- I do not wish to provide this information

All information collected for Fair Housing and grant reporting.

Household residents: (check all that apply)

- # of Dependent (s) under 18 ____
- Person (s) over 65
- Disabled person (s)
- Veteran (s)
- # of adults (over 18) ____

Co-Owner Ethnicity:

- American Indian or Native American
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black
- Hispanic
- Latino

Sex:

- Female
- Male

Have you served or are currently serving in the U.S. Armed Forces:

- Yes
- No
- I do not wish to provide this information

- If asked, I am willing to speak publicly about my experience with MI-UCP Ramps for Independence Program.

Applicant Signature: _____

Date: _____

Co-applicant Signature: _____

Date: _____

