



# Temporary Ramp Application

## HOMEOWNER INFORMATION

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you currently or have you ever served in the US Armed Forces? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

## HOUSEHOLD MEMBERS

Please provide information for everyone who lives in this home. Income before taxes includes wages or business income, retirement/pension, social security, supplemental security income, public assistance, child support, etc.

Full Name	Date of Birth	Relationship to Homeowner	Monthly Income
TOTAL:			

## ACCESSIBILITY NEEDS

What is the reason for your ramp request?

What assistive devices are you currently using?

Have you received repairs/home maintenance assistance from other organizations?

If yes, please explain.

How did you hear about Habitat's Ramp Program?

## ACKNOWLEDGEMENT

By signing this form, I confirm that:

1. I own and reside in the home listed as my primary residence.
2. All information provided is accurate and complete to the best of my knowledge.
3. I am applying for the Home Ramp Program, which assists low-income Cape May County homeowners in improving home accessibility.
4. I authorize Habitat for Humanity Cape May County to verify my information and coordinate the installation of an exterior ramp.
5. I understand that my application may be denied at any stage if I do not meet Habitat's criteria or partnership terms.
6. I am eligible for assistance through this program once per year.
7. The ramp is intended for use for six months post-installation; Habitat will assess the need for any extension.
8. I agree to pay a \$100 installation fee.
9. I consent to photographs being taken during the ramp installation. If I have questions or wish to opt out, I will contact the Executive Director at [executive.director@habitatcapemay.org](mailto:executive.director@habitatcapemay.org).
10. I permit Habitat for Humanity Cape May County to conduct criminal and sex offender background checks on all household members over 18, as required for application completion.

\_\_\_\_\_  
Signature of homeowner(s)

\_\_\_\_\_  
Date

If you are not the homeowner, but are assisting the homeowner in completing this form, please provide your name, relationship to the homeowner, and phone number.

## APPLICATION CHECKLIST

**Please check that the following items are included in your application package:**

- ☐ Proof of homeownership (i.e. tax bill, an insurance declaration, a deed, or a mortgage payment invoice)
- ☐ Proof of income (i.e. bank statements, tax returns, or pay stubs) for all members of the household.
- ☐ A copy of the driver's license or photo id for everyone in the household over 18 years of age
- ☐ A referral may be requested to verify need for a ramp installation

**[Incomplete applications will not be processed](#)**

FOR OFFICE USE ONLY    AMI \_\_\_\_\_ %

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Date Installed \_\_\_\_\_

Date Criminal and Sex Records checked \_\_\_\_\_

