



Temporary Ramp Application

HOMEOWNER INFORMATION

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Served in the US Armed Forces? _____ Date of Birth _____ S S N : _____

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:			

ACCESIBILITY 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.
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 _____



Home Information

Please check which of the following describes your property.

- Single family house detached from any other house
- Single family house attached to 1-3 other houses
- Single family house attached to 3+ other houses
- Condominium or apartment in a building with multiple units
- Mobile home
- Manufactured home
- Modular home
- Tiny home
- ADU
- Other

Demographic information

Giving this information is voluntary, but helpful for acquiring funding for our programs.

Race (please circle one) Hispanic or Non-Hispanic

Number of people currently living in the household: _____

Number of dependents under the age of 18 _____

Any adults with disabilities? (circle one) yes or no

If so, how many? _____

Any children under 18 with disabilities? (circle one) yes or no

If so, how many? _____