Habitat for Humanity® Cape May County

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? _____

SSN (*required for background check & household members 18+*) _____

Date of Birth _____ Phone Number(s) _____

Email(s): _____

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 (*and SSN for Household members 18+*)	**Date of Birth**	**Relationship to Homeowner**	**Phone Number (*Members 18+*)**	**Monthly Income**
			TOTAL:	

EQUAL HOUSING OPPORTUNITY

ACCESSIBILITY NEEDS

Please provide the necessary information needed for us to process your application by answering the following:

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. last 3 months of bank statements/pay stubs or the prior year's tax return) 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 list of the repairs or revitalization efforts needed

Incomplete applications will not be processed

Home Information

Please check any of the following boxes that 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

If other, please describe:

_____

_____

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? (please circle one): Yes or No

If yes, how many? _____

Any children under 18 with disabilities? (please circle one): Yes or No

If yes, how many? _____