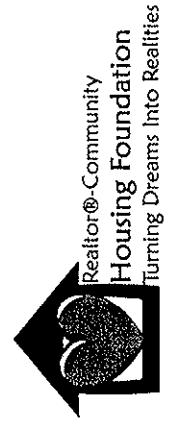


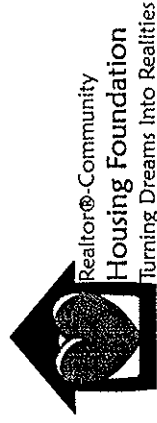
Do I meet income guidelines?

Family Size	Annual Income
One person	\$34,600 or less
Two people	\$39,550 or less
Three people	\$44,500 or less
Four people	\$49,450 or less
Five people	\$53,400 or less
Six people	\$57,350 or less
Seven people	\$61,300 or less
Eight people	\$65,250 or less

If you have more than eight people in your family living in your household or if you have any questions, contact the Realtor®-Community Housing Foundation at 859-276-2693.



Updated 7/11/07



RAMP serves low-income and disabled citizens who cannot afford to improve access into and out of their homes. Completing an improvement is truly a community project. An employee of the Lexington-Fayette Urban County Government (LFUCG) designs the ramp to ensure that it meets code. The cost of building materials is covered by the LFUCG, while builders, remodelers, and community volunteers donate their labor.

To apply for RAMP assistance, please fill out the application on the next page. To determine that the client meets income guidelines, read the back of this form. Once the application is completed, send it to:

RCHF
 2250 Regency Road
 Lexington, KY 40503

If you have questions about this application, contact the Realtor®-Community Housing Foundation by phone at 859-276-2693 or by e-mail at RCHF@LBAR.com.

Remodeling For Access and Mobility Application Form

Client Information

Name: _____

Address: _____

Telephone: _____

Name or names on home deed: _____

Annual Income: *Please attach verification of income for ALL household members*

Amount: _____

Sources: a. _____ b. _____

c. _____ d. _____

Describe the client's disability that necessitates the construction of a ramp or other adaptation. _____

How long will the ramp be needed? _____

How does the client currently get in and out of the house? _____

Describe the urgency of the need for a ramp. _____

Has this client explored eligibility for Home and Community Based Waiver? _____

Is the house/rental property fifty years or older? _____

Other residents' information

Ages & relationships of others living in house: _____

Annual Income of other residents: *Please attach verification of income*

Amount: _____

Sources: a. _____ b. _____

c. _____ d. _____

What family resources does the client have to assist with mobility or ramp acquisition?

a. Assistance getting down steps? _____

b. Financial assistance in paying for construction? _____

c. Assistance in physically constructing ramp? _____

Can you identify any other funding sources for this ramp? _____

What will happen if the client does not receive a ramp or adaptation through this program? _____

Referring Agency: _____

Referring Individual: _____

Date of Referral: _____

Result of Referral: _____

I have permission from this client to share this information with the Lexington Fayette Urban County Government and other involved agencies.

Signature of referring individual _____ date _____

I grant the Realtor®-Community Housing Foundation permission to share my information confidentially with the necessary professionals and agencies necessary to complete the application process.

Signature of client _____ date _____

REALTOR COMMUNITY HOUSING FOUNDATION

CLIENT INFORMATION

CLIENT NAME: _____

ADDRESS OF WORK: _____

HOUSEHOLD SIZE: _____

RACE/NATIONAL ORIGIN OF PERSONS:

_____ WHITE	_____ AMERICAN INDIAN or ALASKA NATIVE and WHITE
_____ BLACK or AFRICAN-AMERICAN	_____ BLACK or AFRICAN-AMERICAN and WHITE
_____ ASIAN	_____ ASIAN and WHITE
_____ AMERICAN INDIAN or ALASKAN NATIVE	_____ AMERICAN INDIAN or ALASKA NATIVE and BLACK or AFRICAN AMERICAN
_____ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER	

ETHNIC CATEGORIES: HISPANIC OR LATINO? _____ YES OR _____ NO

SEX OF PERSONS: _____ FEMALE _____ MALE

OCCUPIED BY ELDERLY (62 OR OLDER): _____ YES OR _____ NO

FEMALE HEAD OF HOUSEHOLD: _____

ANY PARTICIPANTS WITH A DISABILITY? _____ YES OR _____ NO

UNIT MADE ACCESSIBLE(RAMP, GRAB BARS, ETC.): _____ YES OR _____ NO

IF YES, IS UNIT OCCUPIED BY HOMEOWNER _____ OR RENTER? _____

HOUSEHOLD INCOME: _____

_____ LESS THEN 30% OF MEDIAN	_____ 50-60% OF MEDIAN	_____ OVER 80% OF MEDIAN
_____ 30-50% OF MEDIAN	_____ 60-80% OF MEDIAN	

PROGRAM: _____ EMERGENCY REPAIR (LIMIT \$500 PER YEAR)
_____ REPAIR AFFAIR _____ RAMP
_____ EMERGENCY REPAIR-FURNACE (LIMIT \$2,500)

*NOTE: MAXIMUM AMOUNT PER UNIT \$4,999

TOTAL BILLS ATTACHED: _____

**Realtor-Community Housing Foundation
2250 Regency Road, Lexington, KY 40503
276-2693**

**RAMP
WORK AGREEMENT**

As consideration for the Realtor-Community Housing Foundation, the Lexington Fayette Urban County Government, construction of an accessible entrance to my home, and in order to induce the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government to construction this accessible entrance to my home, I enter into this RAMP Project Agreement.

I agree to indemnify and hold harmless the Realtor-Community Housing Foundation and the Lexington-Fayette Urban County Government, their funders, supporters, officers, agents, employees or volunteers liable or responsible for any damage to said property by reason of the exercise of the permission granted.

I understand that this ramp or entrance modification is made in accordance with the Americans with Disabilities Act. I agree that I will not hold the Housing Foundation, the Lexington-Fayette Urban County Government, their funders, supporters, officers, agents, employees or volunteers liable or responsible for any injuries sustained in the use of this modified entrance.

I understand the construction of a ramp or other modification to my home becomes my responsibility for future maintenance, and I will not look to the Housing Foundation or the Lexington-Fayette Urban County Government for assistance with routine maintenance.

I enter in this agreement on behalf of myself and my heirs, assigns, devisees, next of kin, invitees and licensees and all other people claiming by or through me.

SIGNATURE

DATE

WITNESS

DATE

PHOTO RELEASE

REPAIR AFFAIR/RAMP has my permission to use photographs of my residence or me in publicity release in the future. I understand these photographs may also be used for brochures or other information to promote **REPAIR AFFAIR/RAMP**.

SIGNATURE

DATE

WITNESS

DATE

I prefer not to have my photograph used by **REPAIR AFFAIR/RAMP**.

SIGNATURE

DATE

WITNESS

DATE

Use this form for anyone living in the home who is 18 yrs old or older and does not have an Lexington Fayette Urban County Government income



DIVISION OF COMMUNITY DEVELOPMENT 200 East Main Street • Lexington, Kentucky 40507

CERTIFICATION OF ZERO INCOME

I do hereby certify that I do not individually receive income or monetary funds from any source including, but not limited to, income from wages, public assistance, social security, pensions, benefits, child support and/or alimony.

Printed Name

Signature

Date

Telephone Number

STATE OF KENTUCKY
SS:
COUNTY OF FAYETTE

The foregoing was subscribed, sworn to and acknowledge before me this
day of 20, by

Notary Public, State At Large, Kentucky

My Commission Expires:

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

FD-1015 (LIC) (FORM 8/17) - Zero Income/Noct

