

*Do I meet income guidelines?
(No Rentals)*

Family Size	Annual Income
One person	\$37,100 or less
Two people	\$42,400 or less
Three people	\$47,700 or less
Four people	\$52,950 or less
Five people	\$57,200 or less
Six people	\$61,450 or less
Seven people	\$65,700 or less
Eight people	\$69,900 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.



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. Volunteers design the ramp to ensure that it meets code. The cost of building materials is covered by donations and/or grant funds, 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 (Home Must Be Owned By The Applicant) No Rentals

Name: _____

Address: _____

Telephone: _____

Return a copy of the deed to verify home ownership (No Rentals)

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. _____

Is the house 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 request information from organizations to verify my annual income.

Signature of client/homeowner: _____ Date: _____



We do business in accordance with the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)
It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.