

## Application for Ramp Program

Approved as of 07/23/2023

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Home: \_\_\_\_\_

County you reside in: \_\_\_\_\_

**List the Name, Age and Relationship to the homeowner of each person living in the home:**

Name/Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS# \_\_\_\_\_

Current Residency Status:     US Citizen                       Green Card Holder                       Other \_\_\_\_\_

Marital Status (check all that apply):     Single     Married     Other \_\_\_\_\_

Is anyone in the home currently serving or has previously served in the US Military?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    Name: \_\_\_\_\_    Branch: \_\_\_\_\_



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color religion, sex, handicap, familial status or national origin.

**Check ONE that applies:**

- Without this help, I could not afford this equipment.
- The equipment was only available through Easterseals, Elderbridge, Habitat for Humanity NCI, and NIACOG.
- The equipment was available through other programs, but the system was too complex or too long.

**OPTIONAL – (Information is used for tracking purposes only. Information is kept confidential.)**

Please indicate which ethnic group you identify yourself with:

- African American     Asian American     Caucasian     Hispanic     Native American
- Multiple Ethnicities     Other

**Personal Statement**

Please write a brief explanation of why you feel you should be selected including why you are needing the ramp.

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Will any other home modifications be needed to add the ramp? (I.e.-railings removed, steps removed, etc.):

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**Home Liabilities**

Applicants must be the legal homeowner of the home to have the ramp placed. Please provide the following information:

Legal Names of Homeowners as appears on the property deed:

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Is The Property Being Purchased with:     Bank Loan             Purchased on Contract             Paid in Full

If bank loan or purchasing on contract, list name of bank or contract seller & address:

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Are you still making payments on the home?    \_\_\_ Yes            \_\_\_ No

If yes, what is your monthly payment: \_\_\_\_\_ per month

What company services your mortgage? \_\_\_\_\_

If you own your home outright, how much are your property taxes? \_\_\_\_\_ per year

Do you have Homeowner's Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is your insurance provider? \_\_\_\_\_

Are your payments current? Mortgage: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ No Mortgage

Taxes: \_\_\_\_\_ Yes \_\_\_\_\_ No Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Income and Expenses

Monthly Income:	Applicant	Co-applicant	Additional Residents
Employment	_____	_____	_____
Social Security	_____	_____	_____
Pension/Retirement	_____	_____	_____
SSI/SSDI	_____	_____	_____
Child Support	_____	_____	_____
Food Stamps	_____	_____	_____
Other	_____	_____	_____
All other regular income from annuities, investments, interest earned, or similar			

Current Assets:	Applicant	Co-Applicant	Additional Residents
Checking Account	_____	_____	_____
Saving Account	_____	_____	_____
Investments	_____	_____	_____
Includes CD's, Stocks, Bonds, Annuities, Mutual Funds, or similar			
Other Properties Assessed Value	_____	_____	_____
<b>TOTAL:</b>	_____	_____	_____

### Monthly Expenses: Average costs per month

Utilities: Energy: \_\_\_\_\_

Water: \_\_\_\_\_

Loans: Auto: \_\_\_\_\_

Home Equity Line of Credit: \_\_\_\_\_

Habitat for Humanity NCI	Easterseals Iowa	Elderbridge	NIACOG
517 1 <sup>st</sup> St NW	401 NE 66 <sup>th</sup> Ave	1190 Briarstone Dr	525 6 <sup>th</sup> St SW
Mason City, IA 50401	Des Moines, IA 50313	Mason City, IA 50401	Mason City, IA 50401
641-424-8978	515-289-1933	800-243-0678	641-423-1637

Insurance: Vehicle: \_\_\_\_\_

Child Support: \_\_\_\_\_

Medical: \_\_\_\_\_

Food: (estimate) \_\_\_\_\_

Gasoline: \_\_\_\_\_

Job related expense: \_\_\_\_\_

Homeowners Insurance: \_\_\_\_\_  
If not paid by escrow:

Property Taxes: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Are you employed in the community? \_\_\_\_ Yes \_\_\_\_ No

**INCOME SOURCES\*:** When completing the income table below, include the total amount of gross income estimated from each source for the *upcoming 12 months*. Be sure to include all people living in the home and/or listed on the deed/title. Include the following types of income:

- ❖ **Wages** and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any deductions)
- ❖ **Self-Employment** (net income)
- ❖ **Social Security** Benefits (including Medicare Insurance Premiums)
- ❖ **Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies**, etc.
- ❖ **Disability or survivor benefits, unemployment, and worker's compensation**
- ❖ Periodic payments to your household from a **trust**.
- ❖ Net income for **renting** property to someone.
- ❖ **Alimony and child support** payments
- ❖ **Department of Human Services assistance** (FIP, Medicaid Assistance, Title 19, etc.)

<b>Income Sources: Complete Name &amp; Address of income source (for third party verification)</b>	<b>Income Earner</b>	<b>Amount Per Year</b>
Company: Address: Fax # (if employer): If a job, date hired:		\$_____/yr or \$_____/mo
Company: Address: Fax # (if employer): If a job, date hired:		\$_____/yr or \$_____/mo
Company: Address: Fax # (if employer): If a job, date hired:		\$_____/yr or \$_____/mo

**Assessment Form:**

To be completed by a physician, physical therapist, or other medical professional.

Applicant's Name: \_\_\_\_\_

Name and address of physician, physical therapist, or medical professional:

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis (list all disabling conditions):

\_\_\_\_\_  
\_\_\_\_\_

ICD 10 code(s) for diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

The physician, physical therapist, or medical professional's signature on this form will indicate that the equipment or service is medically necessary and prescribed to them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization and Release

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application and that I have no present intention to move or offer my home for sale for at least 5 years. In addition, I am authorizing Habitat for Humanity to evaluate my need for the home repairs I have requested and my ability to repay any no interest obligation that might be involved. I understand that the evaluation may include personal visits, a credit check, and employment verification.

I understand that Habitat for Humanity screens all potential staff (paid or unpaid), board members and applicant families on the sex offender registry and the OFAC/SDN Registry. Habitat will also do a criminal background check. By completing this application, I am submitting to such an inquiry.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_