

Spring 2017

Dear Applicant:

You are receiving this letter because you have either requested assistance or have been referred to the Broome County Council of Churches concerning your need for a wheelchair ramp. **Enclosed you will find an application for the Ramp It Up Program as well as an Access to Property & Release of Liability Waiver form.**

Eligibility for the program is income based, and is determined by a sliding scale. Please ensure that you list all of the people that live under your roof and their monthly income. In some cases, applicants are required to contribute to the cost of building materials, based upon your **total household income**. Upon review of your application you will receive a letter indicating your contribution rate towards the cost of your ramp. If you believe this rate of contribution will cause undo financial difficulties please contact me.

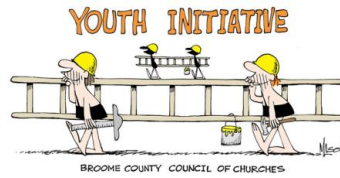
If you rent your home, please note that the owner (landlord) must sign the Access to Property and Release of Liability Waiver in order for your application to receive consideration.

If you have any questions in regard to completion of the application or your eligibility, please do not hesitate to contact me.

Very truly yours,

Bob Bundy

Ramp It Up Program Coordinator
rbundy@broomecouncil.net
607.724.9130 Ext.323



Ramp it Up Application

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Primary Phone _____ Other Phone _____

Date of Birth _____ Age _____

I. Property information

(A) Directions to

Home: _____

(B) House : Own _____ Rent _____

If rental proceed to (B); if mobile home proceed to (C)

Tax Number:

(C) Rental Information

Owner Name &
Address _____

Owner Phone: _____

(D) Mobile Home: Own _____ Rent _____

Private Lot : _____ Mobile Home Park: _____

Park Name: _____

Name and Phone of Park Manager:

II. Mobility Information: Check each that applies

Are you unstable/unsteady entering/exiting your home? _____ Yes _____ No
Are you unable to enter/exit your home without assistance? _____ Yes _____ No
Has a medical professional recommended that you ALWAYS use a walker outside of your home? _____ Yes _____ No
Do you rely on a wheelchair/scooter to travel more than a few steps? _____ Yes _____ No
Are you generally confined to a wheelchair/scooter? _____ Yes _____ No
Is there more than one mobility-limited person living in your home? _____ Yes _____ No
Do you have family/friends nearby who can assist you? _____ Yes _____ No
Please describe your disability: _____

III. Household Resources: Place a check here _____ and provide a written explanation on the back of this sheet if there are financial circumstances you wish us to consider when determining income eligibility.

Applicant Income:

Social Security \$ _____ Disability Income \$ _____
Other Income \$ _____ Pension \$ _____ Employment \$ _____
Total _____

Spouse/Partner:

Social Security \$ _____ Disability Income \$ _____
Other Income \$ _____ Pension \$ _____ Employment \$ _____
Total _____

Other:

Relationship _____
Social Security \$ _____ Disability Income \$ _____
Other Income \$ _____ Pension \$ _____ Employment \$ _____
Total _____

Relationship _____
Social Security \$ _____ Disability Income \$ _____
Other Income \$ _____ Pension \$ _____ Employment \$ _____
Total _____

Relationship _____
Social Security \$ _____ Disability Income \$ _____
Other Income \$ _____ Pension \$ _____ Employment \$ _____
Total _____

Total Household Income _____

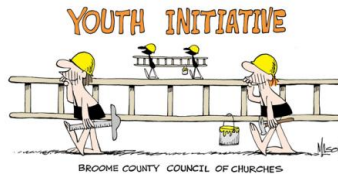
A project representative will contact you to schedule a site visit. Please insure that the applicant is present during the site visit. You will be notified in writing of your application acceptance or denial. Please keep in mind that we are not always able to fulfill requests for ramps due to the availability of resources.

By signing below you indicate that all information provided is accurate.

Applicant Signature

Date

1-27-17



ACCESS TO PROPERTY AND RELEASE OF LIABILITY WAIVER

Name and Phone # of Applicant: _____

Name and Phone # of Property Owner: _____

Property Address: _____

My signature below authorizes the Broome County Council of Churches Inc. (a non-profit organization) to work on my property for the purpose of constructing, removing or repairing a wheelchair ramp. I understand that the constructed ramp becomes my property, and I will be responsible for all maintenance, repair, or removal of the ramp.

I understand that the participants in this work are unpaid volunteers, and that no warranties of any kind, either express or implied, including warranties of fitness for a particular purpose, and/or merchantability, are made as to the quality of work completed.

In consideration of volunteer services to be rendered at the above stated property, the signing of this release guarantees to hold harmless the Broome County Council of Churches Inc., and its officers, directors, employees and volunteers, and any related agency from liability, injury, damages, accident, delay or irregularity related to the aforementioned volunteer services.

The undersigned certify that all property taxes are current on this property and that no foreclosure is pending.

This release covers all rights and causes of action of every kind, nature and description which the undersigned ever had, now has, or, but for this release, may have. This release binds the undersigned and his/her heirs, representative and assignees.

The undersigned certify that the above property and its occupants may be video-taped and photographed for public broadcast and promotional use.

Check here if permission is declined. _____

If resident and property owner are one and the same, please sign and date as the property owner.

Resident Signature: _____ Date: _____

Property Owner: _____ Date: _____

1-27-17