


## Wheelchair Ramp/Home Safety Repair Application

 <p style="font-size: small;">Helping People. Changing Lives. <b>community Action</b> PARTNERSHIP AMERICA'S POVERTY FIGHTING NETWORK</p>	<p><b>North Central Community Action Agency</b> 301 E. 8th St. Suite 109 Michigan City, IN 46360 219-872-0351 EXT 107</p>	<p><b>PLEASE NOTE: MANDATORY!!!!</b> <b>This application cannot be accepted without a copy of last year's tax return "OR" a copy of last year's total income. WE DO NOT NEED SOCIAL SECURITY NUMBERS!</b></p>
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Ramp location (please circle one): Front      Back      Side	Last Year's <u>Total Household</u> income:
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Physical Address	City	State	Zip Code	County

Alternate Mailing Address, if different from physical

Phone number	Alternate Phone	Email Address	May we e-mail you?
Home cell			Yes      No

Please list all people residing at this address. Attach a separate sheet if necessary for additional household members.

Name (Last, First, Middle)	Date of birth (MM/DD/YYYY)	Age	Gender	Veteran Y/N	Health Insurance?	Race	His-panic?	Disabled?	School Years Comple
			F / M	Y / N			Y / N	Y / N	
			F / M	Y / N			Y / N	Y / N	
			F / M	Y / N			Y / N	Y / N	
			F / M	Y / N			Y / N	Y / N	
			F / M	Y / N			Y / N	Y / N	
			F / M	Y / N			Y / N	Y / N	

<p><b>Race Codes:</b> A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White or Caucasian; M - Multiracial; O - Other</p>	<p>Can you contribute any amount to material cost? (please circle one) Yes                      No</p>
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<p><b>Home Type (please circle one)</b> Multi-unit (apartment, condo, duplex, etc.) Site-built single house, Mobile Home</p>	<p><b>Ownership (please circle one)</b> Own Rent Other: _____</p>	<p><b>Mobility (please circle one)</b> Walker Wheelchair: standard, oversized, or motorized</p>
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I, the undersigned, agree that I will not hold North Central Community Action Agencies, Inc., it's employees or contractors, the City of Michigan City, the City of LaPorte, North Central Community Action Agencies, Inc. volunteers, or any other volunteers associated with this project, responsible for any damage, injury, or licensing activities as a result of ramp construction/repair or post-ramp/repair construction at the address listed above.

I also agree that I will not instigate or take part in any legal or criminal action which would attempt to recover any personal or financial losses from North Central Community Action Agencies, Inc. employees or contractors, volunteers, or any other volunteers associated with the volunteer project.

\*\*Returning this disclaimer is only step 1 of the procedure, and, in no way, guarantees that we will construct your ramp/repair.  
\*\*PLEASE NOTE\*\* We will gladly build a ramp, but cannot remove a ramp.

I agree that pictures of my completed ramp/ramp recipient may be used in brochures and/or funding applications.

My signature certifies that the above information is correct.

Signature/ Recipient	Date
Signature/ Property Owner	Date (required)