ACCESS RAMP APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____E-MAIL ADDRESS_____

ADDITIONAL HOUSEHOLD MEMBERS:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

IS THE APPLICANT A VETERAN? YES☐ NO☐

DO YOU OWN THE PROPERTY? _____ YEARS LIVED AT LOCATION _____

TOTAL HOUSEHOLD MONTHLY INCOME (All sources) _____

TOTAL MONTHLY EXPENSES _____

EXPLAIN YOUR SITUATION / NEED

_____

_____

_____

Ramp projects are funded through grants and donations. Please list the amount you are able to donate to this project:_____

SIGNATURE_____DATE_____

1005 Campbell Street – Valparaiso, IN 46385 - Phone (219) 464-9736 Fax (219) 462-6993