



Wheelchair Ramp Application
 2744 South Sixth Street, Springfield, IL 62703
 Phone (217) 523-2710



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.

Applicant Name _____
 Address _____

 Date of Birth ____/____/____
 Marital Status:
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 Monthly income \$ _____

Co-Applicant Name _____
 Address _____

 Date of Birth ____/____/____
 Marital Status:
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 Monthly income \$ _____

All Members Living in Household	Date of Birth
Name _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you own your home? YES NO Are you buying your home through contract? YES NO Is your home currently insured? YES NO

Improvements Requested:

Is there an existing wheelchair ramp? YES NO

If YES, why is a new ramp needed?

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Date Financial Analysis ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Date Background Check ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Date Sex Offender Check ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied
Date of Family Visit ____/____/____	Date of Property Assessment ____/____/____	

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a wheelchair ramp and my ability to pay the no-interest loan. I understand that the evaluation will include personal visits. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a wheelchair ramp, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check. All information will remain confidential and only used for purposes of establishing program eligibility.

Applicant Signature _____ Date _____
 Co-Applicant Signature _____ Date _____