

**DES PLAINES COMMUNITY FOUNDATION RAMP APPLICATION**

**NAME OF APPLICANT**

\_\_\_\_\_

**DATE OF BIRTH**

\_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS**

**AGE**

**RELATIONSHIP**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Number in Household:** \_\_\_\_\_

**STREET ADDRESS**

\_\_\_\_\_

**PHONE**

\_\_\_\_\_

**CITY**

\_\_\_\_\_

**ZIP**

\_\_\_\_\_

**TOWNSHIP**

\_\_\_\_\_

**HOUSE INFORMATION**

My house is:     Two-story     One-story     Mobile Home     Duplex

Year Built: \_\_\_\_\_

Please check one of the two following boxes:

I am the owner of record and do occupy the residence listed in this application.

OR

I am NOT the owner of record, but I DO occupy the residence listed in the application.

**If you are NOT the homeowner, please provide a letter from the Landlord stating that they give permission to attach a ramp to the dwelling of said property.**

**HOMEOWNERS INSURANCE**

*(Please provide a photocopy of your current homeowners policy, if you are the homeowner.)*

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMERGENCY CONTACT REQUIRED**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Evening Phone: \_\_\_\_\_

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**CONFIDENTIAL INCOME & STATISTICAL INFORMATION**

*(The Financial Information will be available to professional representatives of the Coordinating Committee only and will be held in strictest confidence.)*

"Income" means any amount received from the following sources by all household members. List monthly income by category listed below. Financial Information must be completed for the application to be considered.

| <b>INCOME SOURCES</b>          | <b>MONTHLY TOTAL</b> | <b>OR</b> | <b>ANNUAL TOTAL</b> |
|--------------------------------|----------------------|-----------|---------------------|
| <b>Social Security</b>         | _____                |           | _____               |
| <b>Salaries or wages</b>       | _____                |           | _____               |
| <b>Pension &amp; Annuities</b> | _____                |           | _____               |
| <b>Interest and Dividends</b>  | _____                |           | _____               |
| <b>Any public assistance</b>   | _____                |           | _____               |
| <b>Other</b>                   | _____                |           | _____               |

**INCOME VERIFICATION:** Please include a photocopy of your MOST RECENT Federal Tax Return, U.S. Form 1040. If you do not file a tax return, please include copies of your income sources such as letter from Social Security Administration, pay stub, bank statement, any other applicable income documentation

**ASSETS:** Fill in the amount or write "none" for ALL items.

**Savings Account:** \_\_\_\_\_ **Cert. of Deposit (CD's):** \_\_\_\_\_  
**Checking Account:** \_\_\_\_\_ **Stocks & Bonds:** \_\_\_\_\_  
**Any Other:** \_\_\_\_\_

**Are you disabled:** Yes \_\_\_\_\_ or No \_\_\_\_\_

**Nature of Disability:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DES PLAINES COMMUNITY FOUNDATION RAMP APPLICATION

## ACCESSIBLE RAMP AGREEMENT

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, **20**\_\_\_\_\_ between the Des Plaines Community Foundation, hereinafter called (DPCF), and \_\_\_\_\_ (name) of \_\_\_\_\_ (address), Des Plaines, Illinois.

1. DPCF agrees to provide a handicapped accessible ramp for ingress and egress to the residence at \_\_\_\_\_ (address) to be used by \_\_\_\_\_ (name) for as long as he/she needs said ramp.
2. \_\_\_\_\_ agrees to notify and return the handicapped accessible ramp to DPCF when \_\_\_\_\_ is no longer in need of said ramp.

Our signatures below indicate our acceptance of the terms of this agreement.

DES PLAINES COMMUNITY FOUNDATION

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

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

RAMP APPLICANT

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

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