

# BLOOM TOWNSHIP RAMP PROGRAM APPLICATION

ALL APPLICANTS MUST BE A RESIDENT OF BLOOM TOWNSHIP

**Application Date:** \_\_\_\_\_

## Demographic Information

**Name of Applicant:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** Home: area code (    ) \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Do you currently live at this residence?    \_\_\_\_\_ Yes    \_\_\_\_\_ No (you must reside at the residence where the ramp is needed)

Do you own this property? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If you own this property, please list the names on the deed.

\_\_\_\_\_

Applicant must own property to be eligible for Ramp Program.

**Do you or someone in your household have a permanent physical disability?**

\_\_\_\_\_ Self    \_\_\_\_\_ Other    Please list: name, relationship, and disability  
(you must list: person, disability, age of onset or we will not process your application)

\_\_\_\_\_

\_\_\_\_\_

**CO-APPLICANT** (if name is on the deed) Name:

\_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow/Widower

Telephone: Home: area code ( ) \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email Address \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Number of people living in the residence (including applicant): \_\_\_\_\_

Name and relationship of other residents living in the home:

NAME	RELATIONSHIP	AGE	DISABILITY YES OR NO/ LIST DISABILITY

**FINANCIAL – INCLUDE INCOME FOR ALL HOUSING RESIDENTS**

**All household income must be verified. This includes any income on behalf of minors, employment income and/or child support.**

**Upon request you shall be required to send copies of Pension, Retirement, Workers Compensation, Social Security/SSI support letters, and current pay stub (if employed).**

**Income Source:** **list gross amount**

\_\_\_\_ Social Security \$ \_\_\_\_\_

\_\_\_\_ SSI/SSDI \$ \_\_\_\_\_

\_\_\_\_ Pension \$ \_\_\_\_\_

\_\_\_\_ Child Support \$ \_\_\_\_\_

\_\_\_\_ Unemployment Comp. \$ \_\_\_\_\_

\_\_\_\_ Workers Comp. \$ \_\_\_\_\_

\_\_\_\_ Public Assistance \$ \_\_\_\_\_

\_\_\_\_ Employment \$ \_\_\_\_\_

(Including bonuses, commissions and self-employment income)

\_\_\_\_ Other \$ \_\_\_\_\_

**Total Amount of monthly income \$ \_\_\_\_\_**

**MORTGAGE INFORMATION:**

**Are mortgage payments current?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are taxes paid to date?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**INSURANCE INFORMATION:**

**Do you have homeowner's insurance coverage?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and Address of Insurance Company:

\_\_\_\_\_

\_\_\_\_\_

Policy number \_\_\_\_\_

**I/We acknowledge that the information I/We have provided in this application is true and accurate to the best of my/our knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**PLEASE BE ADVISED THAT THE RAMP PROGRAM PROVIDES WHEELCHAIR ACCESSIBLE RAMPS ONLY. NO OTHER HOME MODIFICATIONS ARE INCLUDED IN THE PROGRAM.**

**UNDERSTAND YOU MIGHT BE PLACED ON A WAITING LIST UNTIL FUNDING IS AVAILABLE**