Ramp Up Application

Submit Completed Form To:
HFH SEI
931 Lanier Drive
Madison, IN 47250
tel (812)274-0468
athompson@habitatsei.org

SECTION 1 – Homeowner Information

Applicant Name: _____ Date of Birth: _____

Co-Applicant Name: _____ Date of Birth: _____

Primary Phone No: (____) _____

Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

County: _____ How many years have you lived at this address? _____

Do you own your house and the property on which it is located? _____

List the names, ages, and relationship to the homeowner of all the people living in the home: *

**You may attach an additional page if more space is needed*

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____Age: _____

Name: _____ Relationship: _____ Age: _____

Please describe your need for a ramp:

_____

_____

_____

Do you need a translator? Yes/No If so, what language?

_____

SECTION 2 – Household Income & Benefits Information

Income Information
Be ready to provide verification of all HOUSEHOLD income & benefits for each adult in the home, unless a full-time student (with proof of registration).

Please estimate your yearly income—before taxes—for each member of the household over 18 years of age. (Include wages, Social Security, Disability, Pensions, Annuities, Death Benefits, etc.)

Household member #1: $_____ Household member #2: $ _____

Household member #3: $_____ Household member #4: $ _____

Total combined income before taxes for ALL persons living in the home per year:

$_____.

Are you or anyone living full-time in your home currently receiving benefits from one or more of the following programs: (Be ready to provide verification of any current benefits)

SNAP/Food Stamps (Supplemental Nutrition Assistance Program): Yes_____ No_____

HIP (Healthy Indiana Medicaid Plan): Yes_____ No_____

SSI (Supplemental Security Income): Yes_____ No_____

TANF (Temporary Assistance for Needy Families): Yes_____ No_____

WIC (Supplemental Nutrition for Women, Infants, and Children): Yes_____ No_____

LIHEAP (Low Income Home Energy Assistance Program): Yes_____ No_____

SECTION 3 – Privacy Information

SHARING YOUR PERSONAL INFORMATION

If your application is a more appropriate fit with another program or organization, may we share it with them?

☐ YES ☐ NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give HFHSEI you consent to share the information you provide on this application with similar organizations, if we are not able to assist you.

MEDIA AND PUBLICITY

1.) How did you learn about the Ramp Up Program?

_____

2.) Habitat depends largely on community support to provide affordable housing services. If you are approved to participate in the Ramp Up program, pictures of your home may be taken and shared with Habitat supporters.

☐ YES, I agree. ☐ NO, I disagree.

SECTION 4 – Authorization to Release Information

I confirm that the information on this application is accurate and that I own the property at the address given on this application. In addition, I understand that this program is intended to provide accessibility to existing housing and that I have no present intention to move or offer my home for sale for at least one year.

I confirm that my home is a safe place for Habitat staff and volunteers.

I authorize HFHSEI to verify any information that I have provided on this application, including verification of income, ownership, assets, or criminal history.

_____	_____	_____
Applicant Name (*please print*)	**Signature**	**Date**
_____	_____	_____
Co-Applicant Name (*please print)*	**Signature**	**Date**