

DISABILITY SERVICES
RESOURCE CENTER



-Serving People With Disabilities Since 1933-

**HOMEOWNER'S CHECKLIST
FOR RAMP REQUEST**

___ DO I RESIDE IN BAY COUNTY?

___ DO I OWN MY HOME?

HAVE I:

___ SUBMITTED PROOF OF HOME OWNERSHIP (DEED AND/OR MORTGAGE STATEMENT)?

___ FILLED IN ALL THE BLANKS ON THE RAMP APPLICATION AND SUBMITTED IT?

___ SECURED A DOCTOR'S PRESCRIPTION STATING MY DIAGNOSIS AND THE NEED FOR A RAMP? IF NOT, REQUEST ONE FROM DOCTOR.

- PRESCRIPTION MAY BE SUBMITTED WITH YOUR APPLICATION OR YOUR DOCTOR CAN FAX IT TO 989-895-3917. IF YOUR PRESCRIPTION IS FAXED IN **YOU** WILL NEED TO CALL DSRC TO BE SURE WE RECEIVED IT. YOU MAY ALSO TAKE A PICTURE OF IT AND EMAIL IT TO DSRCBC@GMAIL.COM.

___ PROVIDED PROOF OF INCOME FOR **ALL** PERSONS LIVING IN MY HOME IN THE FORM OF A TAX RETURN AND/OR SOCIAL SECURITY BENEFIT LETTER AND/OR SSI STATEMENT AND/OR PAYCHECK STUB AND/OR SPOUSAL SUPPORT AND/OR PENSION STATEMENT AND/OR BANK STATEMENTS?

___ SIGNED & SUBMITTED THE LIABILITY RELEASE FORM?

___ CALLED DSRC WITH ANY QUESTIONS I HAVE (989-895-5444) AND/OR TO VERIFY THEIR RECEIPT OF THESE DOCUMENTS IF EMAILED OR FAXED?

___ PROVIDED PROOF OF ADDRESS (IN THE FORM OF ID, DRIVER'S LICENSE OR UTILITY BILL)?

___ **HAVE I TAKEN OR SENT ALL OF THESE DOCUMENTS TO:
DSRC, 1820 N. TRUMBULL DRIVE, BAY CITY, MI 48708-5444
OR EMAILED THEM TO DSRCBC@GMAIL.COM AND CALLED TO VERIFY RECEIPT
OR FAXED THEM TO DSRC AT 989-895-3917 AND CALLED TO VERIFY RECEIPT**