



## HOMEOWNER'S CHECKLIST FOR RAMP REQUEST



\_\_\_ DO I RESIDE IN BAY COUNTY?

\_\_\_ DO I OWN MY HOME?

### HAVE I:

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

\_\_\_ SIGNED & SUBMITTED THE LIABILITY RELEASE FORM?

\_\_\_ 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](mailto:DSRCBC@GMAIL.COM).

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

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

\_\_\_ PROVIDED PROOF OF ANNUAL INCOME FOR **ALL** PERSONS LIVING IN MY HOME. Yearly income of all persons living in this home (this amount is the total "Adjusted Gross Income" found on the prior year tax return(s) of all people living in this home). SUBMITTED TAX RETURN(S) ALONG WITH MATERIALS TO SUPPORT THIS NUMBER SUCH AS SOCIAL SECURITY BENEFIT LETTER AND/OR SSI STATEMENT AND/OR PAYCHECK STUB AND/OR SPOUSAL SUPPORT AND/OR PENSION STATEMENT AND/OR BANK STATEMENTS?

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

\_\_\_ **HAVE I TAKEN OR SENT ALL OF THESE DOCUMENTS TO:**

**DISABILITY SERVICES RESOURCE CENTER (DSRC), 1820 N. TRUMBULL DRIVE, BAY CITY, MI 48708-5444**

**OR EMAILED THEM TO [DSRCBC@GMAIL.COM](mailto:DSRCBC@GMAIL.COM) AND CALLED TO VERIFY RECEIPT**

**OR FAXED THEM TO DSRC AT 989-895-3917 AND CALLED TO VERIFY RECEIPT**