DISABILITY SERVICES RESOURCE CENTER

-Serving People With Disabilities Since 1933-

APPLICATION FOR A WHEELCHAIR RAMP

** PLEASE PRINT **

We Build Ramps
DISABILITY SERVICES
RESOURCE CENTER (DSRC)

Your application will not be processed until we receive this completed form along with all other required documents from the Homeowner's Checklist. Bring, mail, fax or email these documents to:

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

PHONE: 989-895-5444   FAX: 989-895-3917   Email: DSRCBC@gmail.com

Applicant's PRINTED Name _____ County _____

Street Address _____ Do you own this home? _____

City _____ State _____ Zip Code _____ Phone Number _____

Cross Streets _____ Township _____

Email Address _____ Birth Date _____

Second Contact Person _____ Phone Number _____

Is this home in a Manufactured Housing Community? _____

     If yes, print its name _____

     Their Office # _____ Office Contact Person _____

Which entrance is the ramp needed at: front, back, or side door? _____

How many steps are located at the site where you need the ramp? _____

How many inches is it from the ground to the top of the step into the home? _____ inches

How many people live in this home? _____ How many are disabled? _____

What is/are the disability(ies)? _____

Is/are the disability(ies) temporary or permanent? _____

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) $_____

Please explain the circumstances preventing you from providing the ramp on your own.

_____

The average cost of materials for a ramp is between $1,500 and $3,000. This does not include labor. How much will you contribute to the cost? $_____

I understand that I am responsible for obtaining and purchasing a building permit if I am approved for a ramp. _____ (Please initial)

I understand DSRC only builds the ramp and will NOT provide steps to the ramp after the ramp is installed. _____ (Please initial)

Signature of Applicant _____ Date _____