

DISABILITY SERVICES  
RESOURCE CENTER



**APPLICATION FOR A WHEELCHAIR RAMP**

**\*\* PLEASE PRINT \*\***

**Your application will not be processed until we receive this completed form along with all other required documents from the Homeowner's checklist. Bring or mail 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 Name \_\_\_\_\_

Address \_\_\_\_\_

Cross Streets \_\_\_\_\_

Township \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you own this home? \_\_\_\_\_ Birth Date \_\_\_\_\_

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

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

How many people live in this home? \_\_\_\_\_

How many people living in the home are disabled? \_\_\_\_\_

What are the disabilities? \_\_\_\_\_

Is the disability temporary or permanent? \_\_\_\_\_

What is the **yearly income of all persons** 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 \$2,000. This does not include labor. How much can you contribute to the cost? \$ \_\_\_\_\_

I understand that I am responsible for obtaining and purchasing a permit, if I am approved.  
\_\_\_\_\_ (Please initial)

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