



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, 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 Name _____

Street Address _____

City _____ State _____ Zip Code _____

Cross Streets _____ County: _____

Township _____ Phone Number _____

Email Address _____

Do you own this home? _____ Birth Date _____

Second Contact Person _____ Phone Number _____

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 people living in the home are disabled? _____

What is the disability(ies)? _____

Is the disability(ies) 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 building permit, if I am approved. _____ (Please initial)

Signature of Applicant _____ Date _____