

*Do I meet income guidelines?*  
(NO RENTALS)

Family Size	Annual Income
One person	\$37,050 or less
Two people	\$42,350 or less
Three people	\$47,650 or less
Four people	\$52,900 or less
Five people	\$57,150 or less
Six people	\$61,400 or less
Seven people	\$65,600 or less
Eight people	\$69,850 or less
Effective June 6, 2016	

If you have more than eight people in your family living in your household or if you have any questions, contact the Realtor®-Community Housing Foundation at 859-276-2693 or 859-276-3503.



RAMP serves low-income and disabled citizens who cannot afford to improve access into and out of their homes. Completing an improvement is truly a community project. Volunteers design the ramp to ensure that it meets code. The cost of building materials is covered by donations and/or grant funds, while builders, remodelers, and community volunteers donate their labor.

To apply for RAMP assistance, please fill out the application on the next page. To determine that the client meets income guidelines, read the back of this form. Once the application is completed, send it to:

**RCHF**  
2250 Regency Road  
Lexington, KY 40503  
859-276-2693 / FAX 859-277-0286

If you have questions about this application, contact the Realtor®-Community Housing Foundation by phone at 859-276-2693 or by e-mail at [RCHF@LBAR.com](mailto:RCHF@LBAR.com).

**Remodeling For Access and Mobility Application Form  
NO RENTALS**

**Client Information (Home Must Be Owned By The Applicant) No Rentals**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip/County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Annual Income: *Please attach verification of income for ALL household members*

Amount: \_\_\_\_\_

Sources: a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

Describe the client's disability that necessitates the construction of a ramp or other adaptation. \_\_\_\_\_

How long will the ramp be needed? \_\_\_\_\_

How does the client currently get in and out of the house? \_\_\_\_\_

Describe the urgency of the need for a ramp. \_\_\_\_\_

Is the house fifty years or older? \_\_\_\_\_

**Other residents' information**

Ages & relationships of others living in house: \_\_\_\_\_

Annual Income of other residents: *Please attach verification of income*  
Amount: \_\_\_\_\_

Sources: a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

What family resources does the client have to assist with mobility or ramp acquisition?

a. Assistance getting down steps? \_\_\_\_\_

b. Financial assistance in paying for construction? \_\_\_\_\_

c. Assistance in physically constructing ramp? \_\_\_\_\_

Can you identify any other funding sources for this ramp? \_\_\_\_\_

What will happen if the client does not receive a ramp or adaptation through this program? \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Individual: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referring Agency Phone #: \_\_\_\_\_

I have permission from this client to share this information with the Lexington Fayette Urban County Government and other involved agencies.

Signature of referring individual: \_\_\_\_\_ Date: \_\_\_\_\_

I grant the Realtor®-Community Housing Foundation permission to request information from organizations to verify my annual income.

Signature of client/homeowner: \_\_\_\_\_ Date: \_\_\_\_\_



We do business in accordance with the Federal Fair Housing Law  
(The Fair Housing Amendments Act of 1988)  
It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

**Realtor-Community Housing Foundation  
2250 Regency Road, Lexington, KY 40503  
276-2693**

**RAMP WORK AGREEMENT  
(NO RENTALS)**

**As consideration for the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government and volunteers, construction of an accessible entrance to my property/residence at \_\_\_\_\_, and in order to induce the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government and volunteers to construct this accessible entrance to my property/residence, I enter into this RAMP Project Agreement.**

**I agree to indemnify and hold harmless the Realtor-Community Housing Foundation and the Lexington-Fayette Urban County Government, their funders, supporters, officers, agents, employees or volunteers liable or responsible for any damage to said property by reason of the exercise of the permission granted.**

**I understand that this ramp or entrance modification is made in accordance with the Americans with Disabilities Act. I agree that I will not hold the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government, their funders, supporters, officers, agents, employees or volunteers liable or responsible for any injuries sustained in the use of this modified entrance.**

**I understand the construction of a ramp or other modification to my property/residence becomes my responsibility for future maintenance, and I will not look to the Realtor Community Housing Foundation or the Lexington-Fayette Urban County Government for assistance with routine maintenance or removal of the ramp should it no longer be needed.**

**I enter in this agreement on behalf of myself and my heirs, assigns, devisees, next of kin, invitees and licensees and all other people claiming by or through me.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

# PHOTO RELEASE

**REPAIR AFFAIR/RAMP** has my permission to use photographs of my property/residence or me in publicity releases in the future. I understand these photographs may also be used for brochures or other information to promote **REPAIR AFFAIR/RAMP**.

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**SIGNATURE**

---

**DATE**

---

**WITNESS**

---

**DATE**

I prefer not to have my photograph used by **REPAIR AFFAIR/RAMP**.

---

**SIGNATURE**

---

**DATE**

---

**WITNESS**

---

**DATE**

# REALTOR COMMUNITY HOUSING FOUNDATION

## CLIENT INFORMATION

CLIENT NAME: \_\_\_\_\_

ADDRESS OF WORK: \_\_\_\_\_

# LIVING IN HOUSEHOLD: \_\_\_\_\_

### RACE/NATIONAL ORIGIN OF PERSONS:

_____ WHITE	_____ AMERICAN INDIAN or ALASKA NATIVE and WHITE
_____ BLACK or AFRICAN-AMERICAN	_____ BLACK or AFRICAN-AMERICAN and WHITE
_____ ASIAN	_____ ASIAN and WHITE
_____ AMERICAN INDIAN or ALASKAN NATIVE	_____ AMERICAN INDIAN or ALASKA NATIVE and BLACK or AFRICAN AMERICAN
_____ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER	

ETHNIC CATEGORIES: HISPANIC OR LATINO? \_\_\_\_\_ YES OR \_\_\_\_\_ NO

SEX OF PERSONS: \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE

OCCUPIED BY ELDERLY (62 OR OLDER): \_\_\_\_\_ YES OR \_\_\_\_\_ NO

FEMALE HEAD OF HOUSEHOLD: \_\_\_\_\_

ANY PARTICIPANTS WITH A DISABILITY? \_\_\_\_\_ YES OR \_\_\_\_\_ NO

~~~~~FILL OUT ABOVE THIS LINE ONLY!!~~~~~

UNIT MADE ACCESSIBLE(RAMP, GRAB BARS, ETC.): \_\_\_\_\_ YES OR \_\_\_\_\_ NO

UNIT MADE CODE COMPLIANT: \_\_\_\_\_ YES OR \_\_\_\_\_ NO

UNIT MADE LEAD SAFE: \_\_\_\_\_ YES OR \_\_\_\_\_ NO

### APPLICABLE LEAD PAINT REQUIREMENT

HOUSING CONSTRUCTED BEFORE 1978 \_\_\_\_\_ YES OR \_\_\_\_\_ NO

EXEMPT: HOUSING CONSTRUCTED 1978 OR LATER \_\_\_\_\_ YES

EXEMPT: NO PAINT DISTURBED \_\_\_\_\_ YES

OTHERWISE EXEMPT: LEAD-BASED PAINT FREE \_\_\_\_\_ YES

LEAD SAFE WORK PRACTICES \_\_\_\_\_ YES

INTERIM CONTROLS OR STANDARD PRACTICES \_\_\_\_\_ YES

HOUSEHOLD INCOME: \_\_\_\_\_

|                               |                        |                          |
|-------------------------------|------------------------|--------------------------|
| _____ LESS THEN 30% OF MEDIAN | _____ 50-60% OF MEDIAN | _____ OVER 80% OF MEDIAN |
| _____ 30-50% OF MEDIAN        | _____ 60-80% OF MEDIAN |                          |

PROGRAM: \_\_\_\_\_ EMERGENCY REPAIR (LIMIT \$1,500 PER YEAR)  
\_\_\_\_\_ REPAIR AFFAIR \_\_\_\_\_ RAMP  
\_\_\_\_\_ EMERGENCY REPAIR-FURNACE (LIMIT \$3,000)

\* NOTE: MAXIMUM AMOUNT PER UNIT \$4,999 UNLESS PRIOR WRITTEN APPROVAL FROM THE DIV OF GRANTS AND SPECIAL PROGRAMS

TOTAL BILLS ATTACHED: \_\_\_\_\_

