

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

Family Size	Annual Income
One person	\$39,300 or less
Two people	\$44,900 or less
Three people	\$50,500 or less
Four people	\$56,100 or less
Five people	\$60,600 or less
Six people	\$65,100 or less
Seven people	\$69,600 or less
Eight people	\$74,100 or less
Effective April 1, 2018	

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.



Updated 4/30/18



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
859-276-3503 / FAX 859-277-0286

If you have questions about this application, contact the Realtor®-Community Housing Foundation by phone at 859- 276-3503 or by e-mail at 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**.

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: _____

