



# Aging in Place - Access Ramp

**Mail or fax completed form to:**  
 Crystal Coast Habitat for Humanity  
 5898 Hwy 70 W, P.O. Box 789  
 Newport, NC 28570  
 Ph. 252-223-2111 Fax 252-223-6111

**For Office Use Only**

Date Received: \_\_\_\_\_  
 City Citation: \_\_\_\_\_  
 Referred By: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Application No.: \_\_\_\_\_

Aging In Place (AIG) is a program designed to provide aging seniors access to their home. The program currently only offers access ramps. Limitations include: property setbacks and ramp heights of 5.5 feet. Built to ADA standards.

**SECTION 1 - Homeowner Information**

Legal Name of Homeowner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone — Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
(Please include area codes)

Do you own your own home? \_\_\_\_\_ yes \_\_\_\_\_ no How many years at this address? \_\_\_\_\_

Are you a military veteran? \_\_\_\_\_ yes \_\_\_\_\_ no Branch of Service: \_\_\_\_\_

List the names, ages, **and relationship** to *homeowner* of **all** people living in the home  
 (attach a list if more space is needed):

Name	Relationship	Age	Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 2 - Renter Information (if applicable)**

Landlord/Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Has landlord given permission for ramp installation? \_\_\_\_\_ yes \_\_\_\_\_ no

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 - Household Income**

Family Member	Age	Wages/Salary	Social Security Disability	Food Stamps	Child Support	Total Monthly Income
<b>TOTAL</b>						

**SECTION 4 - Family Expenses**

Family Member	Utilities/ Gas Heat/ Electric Sewer	Telephone/ TV Cable	Food	Alimony/Child Support	Car Loan/Insurance Other Loans	Other Debts
<b>TOTAL</b>						

Estimated ability to pay \$\_\_\_\_\_ month for home expenses.

**SECTION 5 • Application History**

Have you applied to Habitat in the past? YES NO What year(s)? \_\_\_\_\_

Has Habitat built or done work at your home in the past? YES NO Year(s) \_\_\_\_\_

**SECTION 6 • Personal Statement**

Please write a *brief* explanation of why you feel you should be selected and how it will help you.

**SECTION 7 - Access Ramp Description**

Please describe the access ramp need for your home. Include information about the entry point, approximate height/elevation, and any site conditions that may be relevant. **Funds are limited, and the most urgent needs have priority.**

Describe the Area (Be specific):

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Can the client/family provide any volunteers to help build the ramp? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, how many? \_\_\_\_\_ Any special skills or trades? \_\_\_\_\_

**SECTION 8 - Homeowner's Agreement**

**MEDIA AND PUBLICITY**

Crystal Coast Habitat for Humanity often works with private, corporate, and church sponsors who help with funding or volunteering for Habitat programs. In celebration, some sponsors may wish to publicize the event and/or information about the family in different newsletters, newspapers, radio stations, televisions, etc.

**I/we consent to having information released about our family to sponsors and for Habitat for Humanity publications including, but not limited to, the organization's newsletters, Facebook, and website. This may include, but is not limited to, photographs and interviews as well as in-home visits from elected officials.**

I, \_\_\_\_\_ certify that the information on this application is true and accurate

and that I own the property at \_\_\_\_\_

I have no present intention to move or offer my home for sale for at least three years. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Crystal Coast Habitat for Humanity **MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.** I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Crystal Coast Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Crystal Coast Habitat for Humanity activities. I hereby release Crystal Coast Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Crystal Coast Habitat for Humanity activities.

**SIGNATURE OF APPLICANT**

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**DATE**

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**DATE**

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