



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 - Applicant Information (Homeowner/Landowner information in Section 2)

Legal Name of Applicant: _____ 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 applicant of all people living in the home
(attach a list if more space is needed):

Name	Relationship	Age	Income
------	--------------	-----	--------

SECTION 2 - Homeowner/Landowner Information (if applicable)

Landlord/Property Owner Name: _____ Phone: _____

Landlord Mailing Address: _____ City: _____ Zip: _____

Has landlord given permission for ramp installation? yes no

Note: Applicants who do not own the property must complete and submit the **Property Owner's Permission Form** (included at the end of this application). A signature from the property owner is required before the application can be processed.

SECTION 3 - 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):

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

If yes, how many? _____ Any special skills or trades? _____

SECTION 4 - 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

DATE

SIGNATURE OF APPLICANT

DATE



Crystal Coast Habitat for Humanity

Aging in Place — Access Ramp Program

Property Owner's Permission for Volunteer Assistance

For owners of a property when the resident/applicant is NOT the owner.

Property Address: _____

Property City: _____ State: _____ Zip: _____

Property Owner Information:

Owner(s) Name: _____

Owner Address: _____

Owner City: _____ State: _____ Zip: _____

Owner Cell Phone: _____ Alt. Phone: _____

Owner Email: _____

Call Before Work Begins? Yes No

Can We Text Owner? Yes No

Owner Comments: _____

I/we hereby release from liability and agree to hold harmless Crystal Coast Habitat for Humanity, its representatives, agents and employees, together with any partner organizations, their representatives, employees and agents for any damage or injury that may occur on my (our) property, to any of my (our) property or to my person, which may occur during the access ramp construction. I (We) further understand and agree that there is no warranty, implied, written or oral, for any work performed on my (our) property by said volunteers. I (we) understand that Crystal Coast Habitat for Humanity desires to complete all projects; however, due to circumstances beyond their control, cannot guarantee completion. I (we) understand that Crystal Coast Habitat for Humanity is a nonprofit organization that has limited volunteers and financial resources and makes no guarantee that service will be provided. Additionally, I (we) further understand THAT THIS IS NOT A CONTRACT TO PROVIDE SERVICES.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____