



Applicant Personal Information:

Case Number: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Current Age: _____

Gender: male ___ Female ___ Phone Number: _____

Disability: _____

Please describe how this disability affects individual: _____

Wheelchair User? Yes No Type of Chair? Manual Electric

Site where ramp is needed:

Address: _____

City, State, Zip: _____

County: _____

Phone Number: _____ email _____

Does applicant (or guardian) own this home? Yes No

Full name of property owner: _____

Number of people living in the home: _____ Below Age 18: _____ Above Age 18: _____

Contact Information:

Name of person to contact concerning this ramp: _____

Relationship: Caregiver Family Friend Health/Care Specialist Other _____

Address (if different from above): _____

Telephone (day) _____ (evening) _____ (cell) _____

Email: _____



Permission For Home Modification

Case number: _____ Applicant Name: _____

Name of Homeowner: _____

Occupant Landlord Property Manager Other _____

Homeowner's address: _____

City, ST Zip: _____

Homeowner's Telephone: _____

Homeowner's E-Mail address: _____

I, _____, verify that I am the owner of the home at the
(name)

following address *(address at which home modification is planned)*:

I give my permission for **Neighborhood Helpers Volunteer Ministry (NHVM)** and **United Cerebral Palsy of Middle Tennessee (UCP)** to construct a wheelchair ramp and/or make other necessary modifications to the home at the address above in order to accommodate individual(s) with disabilities. I further acknowledge that upkeep and maintenance of the modification is not the responsibility of NHMV or UCP.

Signature of Homeowner

Date



Home Access Release

Case #: _____ Applicant name: _____

This release is by and between the undersigned and **United Cerebral Palsy of Middle Tennessee, Inc. ("UCP")** and its partner, **Neighborhood Helpers Volunteer Ministry (NHVM)**. The undersigned hereby acknowledges that the undersigned has voluntarily requested UCP to construct or arrange for the construction of a wheelchair ramp on or about the undersigned's premises.

In consideration of UCP's construction or arranging for the construction of said ramp, the undersigned, on behalf of himself or herself, and on behalf of his or her heirs, successors, executors and administrators (collectively, the "undersigned") agrees that the undersigned will not make a claim against, sue, attach the property of, or prosecute UCP or any of its affiliated organizations or any of UCP's directors, officers, employees, agents, volunteers, or contractors (collectively, "UCP and its affiliates and/or partner organizations") for injury or damage resulting from negligence or other acts, howsoever caused, by UCP and its affiliates and/or partner organizations, relating in anyway to the ramp, it's construction, use or otherwise.

The undersigned has carefully read this release and fully understands its contents. The undersigned is aware that this is a release of liability and a contract between the undersigned and UCP and its affiliate, Neighborhood Helpers Volunteer Ministry and/or partner organizations. The undersigned has signed this release of the undersigned's own free will.

Undersigned:

Signature: _____

Name Printed or Typed: _____

Date: _____



Household Member Income

Case number: _____ **Applicant:** _____

	<i>Name</i>	<i>Relationship</i>	<i>Type of Income</i>	<i>Monthly</i>	<i>Yearly</i>
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$
Total				\$	\$

I certify to the best of knowledge and belief that the above information is accurate

Name _____
Date

- List all occupants of this home, regardless of age and income. Must match number of people living in the home as entered on page one of this application.
- Attach documentation (i.e., copies of pay stubs, Social Security statement, Current Tax form, etc.) that substantiates above information. REMOVE or COVER any personal account numbers, social security numbers from copied documents supplied for verification.

Federally established household income limits table for Hamilton County, TN. Total above cannot exceed the following amount:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$32,700	\$37,350	\$42,000	\$46,650	50,450	\$53,650	\$57,350	\$61,050