



## Ramp Program

Waco Habitat’s work through the Ramp Program will include handicap accessibility modifications (wheelchair ramps). The Ramp Program is **NOT** an emergency repair program.

### Eligibility Criteria for the Ramp Program are as follows:

- You must **own the home** where the repairs are to be made.
- You must **occupy the home** as your primary residence.
- The home must be located within McLennan County, property taxes **MUST** be current
- You must have a need that makes the requested repairs necessary.
- Your household income must fall below 80% of A.M.F.I. (Area Median Family Income).

### 2024 INCOME LIMITS

#### Monthly Gross Household Income (before taxes):

| Household Size | No more than: |
|----------------|---------------|
| 1              | \$4,279       |
| 2              | \$4,887       |
| 3              | \$5,500       |
| 4              | \$6,108       |
| 5              | \$6,600       |
| 6              | \$7,087       |
| 7              | \$7,575       |

#### Annual Gross Household Income (before taxes):

| Household Size | No more than: |
|----------------|---------------|
| 1              | \$51,350      |
| 2              | \$58,650      |
| 3              | \$66,000      |
| 4              | \$73,300      |
| 5              | \$79,200      |
| 6              | \$85,050      |
| 7              | \$90,900      |

Please submit the following with your application:

- Proof of Income
  - SSI or SSDI award letter
  - 30 days most recent paystubs
  - Retirement
- Identification
  - ID/ DL
  - Passport or Residency Card



**APPLICANT INFORMATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years at Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Anyone in the household a Veteran? YES or NO

Marital Status:  Married  Separated  Unmarried (Single, Divorced, Widowed)

Have you ever applied to Waco Habitat for Humanity? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**MORTGAGE INFORMATION**

Do you RENT or OWN your home? \_\_\_\_\_ Who is on the title/ lease? \_\_\_\_\_

If you rent, please provide the name & number for your landlord: \_\_\_\_\_

Do you currently have homeowner's insurance? YES or NO

**Please provide information for EACH person living in the home, including yourself:**

| Name        | Date of Birth | Age | Sex | Race | Handicapped/ disabled |   |
|-------------|---------------|-----|-----|------|-----------------------|---|
|             |               |     |     |      | Y                     | N |
| <i>SELF</i> | / /           |     |     |      |                       |   |
|             | / /           |     |     |      |                       |   |
|             | / /           |     |     |      |                       |   |
|             | / /           |     |     |      |                       |   |
|             | / /           |     |     |      |                       |   |
|             | / /           |     |     |      |                       |   |



**TYPE OF UNEARNED INCOME/ BENEFITS**

Please provide award letters or statements for each type of assistance you might receive.

| TYPE OF ASSISTANCE | ACCOUNT/ CASE # | MONTHLY AMOUNT |
|--------------------|-----------------|----------------|
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |

**ANTICIPATED GROSS MONTHLY INCOME**

Please list the name, relationship to applicant, ages, and monthly gross income of all people living in the home.

| NAME | RELATIONSHIP | AGE | MONTHLY GROSS INCOME (BEFORE TAXES) | TYPE OF INCOME SOURCE |
|------|--------------|-----|-------------------------------------|-----------------------|
|      | <i>SELF</i>  |     |                                     |                       |
|      |              |     |                                     |                       |
|      |              |     |                                     |                       |
|      |              |     |                                     |                       |
|      |              |     |                                     |                       |
|      |              |     |                                     |                       |
|      |              |     |                                     |                       |

I certify that the income reported above represents 100% of the total monthly income for my household:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**REQUESTED REPAIRS**

Please write a brief explanation of why you are in need of Ramp & Rail Program services.

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**PERMISSION TO REFER**

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES

NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

**APPLICANT AGREEMENT**

I understand that by filing this application, I am authorizing Waco Habitat for Humanity to evaluate my need for the installment of a ramp or rails. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive a Ramp services, I may be disqualified from the program. Waco Habitat will retain the original or a copy of this application for Humanity even if the application is not approved.

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Applicant Signature

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Date



**PERMISSION FOR INSPECTION & PERMISSION TO PERFORM WORK**

Owner: \_\_\_\_\_ Property: \_\_\_\_\_ Date: \_\_\_\_\_

1. I/We are the Owner(s) of the Property. It is my/our primary residence.
2. I/We have made a written application to Waco Habitat for Humanity (WHFH) for services under the Ramp Program.
3. I/We understand that WHFH will send an inspector to inspect my house to determine if the Ramp installed meets City and federal guidelines for services provided by the Ramps Program.
4. I/We give permission for WHFH inspectors to enter the Property and perform all necessary inspections.
5. I/We give permission to WHFH and Contractor (s) hired by WHFH to perform all necessary work on my/our Property.
6. I/We agree to be present at the Property while the work is to be performed.
7. I/We release WHFH, its employees, and contractors from any and all claims which I/we may have as a result of any property damage, injury, or any other damage resulting from the inspection of the Property by WHFH inspectors.
- 8. I/We understand that inspection is just one part of my/our qualification for services under the Ramps and does not mean that my/our application is approved.**
- 9. I/we understand that no inspection or work will occur and my/our eligibility for the priority repair program cannot be determined until I/we sign the attached release agreement.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date