



Ramp or Long Tread Low Riser Step Assistance Program Application



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Mayor's Commission on Disabilities
Planning & Development
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**Thomas M. McDermott, Jr., Mayor
City of Hammond**

City of Hammond
 Mayor Thomas M. McDermott, Jr.
 Department of Planning and Development
 5925 Calumet Ave., Suite 315, Hammond, IN 46320– Website: www.gohammond.com
 Telephone – (219) 853-6508, ext. 8
 Fax – (219) 853-6334

Dear Hammond Resident:

Thank you for inquiring about the Ramp or Long Tread Low Riser Step Assistance Program.

GUIDELINES:

1. All applicants must be residents of the city of Hammond, Indiana for at least 6 months.
2. Provide a valid Indiana driver’s license for all persons listed as homeowners.
3. Applications must meet the income requirements and provide the current Federal Income Tax form.
 - Please Note – anyone residing in the household not filing income tax that is retired, receive a pension, social security, or disability benefits, is required to submit:
 - An award letter from the appropriate agency stating the monthly amount received.
 - In addition, any other supplementary income received such as, child support, alimony, etc. must also be included in the TOTAL household income.

INCOME GUIDELINES:

1 Person	2 People	3 People	4 People
\$36,350	\$41,550	\$46,750	\$51,900
5 People	6 People	7 People	8 People
\$56,100	\$60,250	\$64,400	\$68,550

4. Additional documents are needed to complete application (see attached checklist)

Mayor's Commission on Disabilities
Ramp Long Tread Low Riser Step Assistance Program
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Hammond, IN 46320

Application

The following information is required for this program. Note: Do not leave any blanks.

Date: _____

Name: _____ S S #: _____

Present Address: _____ Zip Code _____

Telephone Number: _____

Marital Status: _____ Spouse's Name: _____

Spouse's S S #: _____ No. of Dependents _____

Total Household Size _____ Household Income: _____

Please Circle One: Elderly Disabled Female Head of Household

Race/Ethnic Origin

White	Native Hawaiian/Other Pacific Islander	Am. Indian/Alaskan Native & BI/African Am.
Black/African American	Black/ African American & White	Other Multi-Racial
Asian	Asian & White	Asian/ Pacific Islander
American Indian/Alaskan Native	Hispanic	American Indian/Alaskan Native & White

Mortgage Company: _____

Number of years that you've owned your home: _____

Type of Home

Aluminum Siding	Frame with Wood Siding
Brick	Stucco

Where do you plan to place your ramp or steps?

Front	Back
Right Side of Home	Left Side of Home

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Income Verification

I/We, _____ herein declare that
Name

\$ _____ is the household income that I/we received ending the calendar year of _____,
and that the household size, including myself is _____. I/We were advised that there is a
low-income requirement for participation in the Ramp/Low Riser Step Program. I/We
acknowledge that the above declared household income and statement of the household size is
true to the best of my/our knowledge.

Date: _____

Signature

Printed Name

Address, City, State, Zip Code

State of Indiana)

) SS:

County of Lake)

Subscribed and sworn to before me, a Notary Public this ____ day of _____ 20 __.

My Commission expires: _____

Resident of _____ County

Ramp or Long Tread Low Riser Step Assistance Program

Checklist

Copies of the following items must be furnished to the Mayor's Commission on Disabilities Liaison at the time of application. Failure to bring listed items will delay the process.

1. _____ A letter from your doctor stating your need for the ramp or steps
2. _____ Property Deed & Mortgage(s) (These may be found in your closing papers)
3. _____ Mortgage Payment Book
4. _____ Proof that real estate taxes are current
5. _____ 2016 Tax Return
* Federal Tax Return
* State Tax Return
* W-2's
6. _____ Proof of addition supplemental income (pension, social security, child support, welfare, etc.)
7. _____ Current homeowner's insurance statement
8. _____ Death Certificate – spouse (if applicable)
9. _____ Divorce/separation decree (if applicable)
10. _____ Last three payroll stubs
11. _____ Plat of Survey (if you have one)
12. _____ Valid Indiana Driver's License or State of Indiana identification card

Please call Cynthia Rangel at 853-6508, ext. 8, for an appointment.

Please bring the completed application with you.

All documents are due at the time of the appointment.

**City of Hammond
Mayor's Commission on Disabilities
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Hammond, Indiana**

THIS PAGE FOR TENANT/LANDLORD

Landlord Wavier for Ramp Long Tread Low Riser Step Assistance Program

I/We, _____ herein declare that
Name

I am the owner of _____, and I give my tenant(s)
_____ permission to have an accessible ramp
or long tread low riser steps built on the property. I/We further agree to release and hold
harmless the Mayor's Commission on Disabilities, the Department of Planning and
Development, the City of Hammond, their respective agents, employees, assignees and
successors in interest, from and against any and all liability, action, cost, expense or other
obligations arising from our participation on this program.

Date: _____ Homeowner Signature _____
Name of Owner _____
Address of Owner _____
Address of Property _____

State of Indiana)
) SS:
County of Lake)

Subscribed and sworn to before me, a Notary Public this ____ day of _____ 20 __.

My Commission expires: _____

Resident of _____ County