



## **Ramp or Long Tread Low Riser Step Assistance Program Application**



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**Thomas M. McDermott, Jr., Mayor  
City of Hammond**

City of Hammond  
 Mayor Thomas M. McDermott, Jr.  
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 Telephone – (219) 853-7311  
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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:**

<b>1 Person</b>	<b>2 People</b>	<b>3 People</b>	<b>4 People</b>
\$50,900	\$58,200	\$65,450	\$72,700
<b>5 People</b>	<b>6 People</b>	<b>7 People</b>	<b>8 People</b>
\$78,550	\$84,350	\$90,150	\$96,000

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

**Mayor's Commission on Disabilities**  
**Ramp Long Tread Low Riser Step Assistance Program**  
**5925 Calumet Ave., Suite 315, Hammond, IN 46320**

**Application**

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

Date: \_\_\_\_\_

Name: \_\_\_\_\_ S S #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's S S #: \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Total Household Size \_\_\_\_\_ Household Combined Income: \_\_\_\_\_

Please Circle One:      Elderly                      Disabled                      Female Head of Household

Ethnicity (Please check one box)			
Hispanic	<input type="checkbox"/>	Non-Hispanic	<input type="checkbox"/>
Race			Check all that apply
White			
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
Asian/White			
Black/African American & White			
American Indian/Alaskan Native & Black African American			
Multi-Racial			
Other			

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  
Right Side of Home

Back  
Left Side of Home

**City of Hammond**  
**Mayor's Commission on Disabilities**  
**5925 Calumet Ave., Suite 315**  
**Hammond, Indiana**

**Income Verification**

I/We, \_\_\_\_\_ herein declare that  
Name

\$ \_\_\_\_\_ is the household income that I/we received ending the calendar year of 2023,  
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 \_\_\_\_\_ 2024.

\_\_\_\_\_  
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 statement
4. \_\_\_\_\_ Proof that real estate taxes are current
5. \_\_\_\_\_ 2023 Tax Return for every person living in the home  
\* Federal Tax Return  
\* State Tax Return  
\* W-2's (must have all 3 items)
6. \_\_\_\_\_ Proof of addition supplemental income for everyone in the home  
(pension, social security, child support, welfare, etc.)
7. \_\_\_\_\_ Current homeowner's insurance statement
8. \_\_\_\_\_ Death Certificate – spouse (if applicable) (homeowner if spouse is on deed)
9. \_\_\_\_\_ Divorce/separation decree (if applicable)
10. \_\_\_\_\_ Last 3 payroll stubs for every person living in the home
11. \_\_\_\_\_ Valid Indiana Driver's License or State of Indiana ID
12. \_\_\_\_\_ Plat of Survey (if you have one)

Please call Cynthia Rangel at 853-7311 for an appointment.

Please bring the completed application with you.

All documents are due at the time of the appointment.