



Ramp or Long Tread Low Riser Step Assistance Program Application



Alma Abarca
Mayor's Commission on Disabilities
Planning & Development
5925 Calumet Avenue, Suite #314
Hammond, Indiana 46320
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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 #314, Hammond, IN 46320– Website: www.gohammond.com
Telephone – (219) 853-6358 x2

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 who is retired, receives 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
\$56,550	\$64,600	\$54,540	\$60,540
5 People	6 People	7 People	8 People
\$65,400	\$70,260	\$75,120	\$106,550

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

Mayor's Commission on Disabilities
Ramp Long Tread Low Riser Step Assistance Program
5925 Calumet Ave., Suite #314, 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: _____ Email: _____

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

Household Composition

(List the Head of Household and all other members who will be living at this address.
Give the relationship of each person to the head of household.)

Member's Full Name	Relationship	Birthdate	Age	Social Security No.

Mortgage Company: _____

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

Have you applied with any other agency/organization for assistance for a ramp? _____

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 #314
Hammond, Indiana

INCOME VERIFICATION - DO NOT LEAVE ANY BLANKS.

Household Member Name	Source of Income	Payment Basis (weekly, monthly, etc.)	Annual Amount
	Total Annual Household Income		\$

I/We, _____ herein, declare that
\$ _____ is the household income that I/we received ending the calendar
year of 2025 and that the household size, including myself is _____.

I/We were advised that there is a low-income requirement for participation in the Ramp/Long Tread 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

Address

City, State, Zip

**YOU MUST HAVE THIS PAGE NOTARIZED IF YOU DO NOT SUBMIT YOUR APPLICATION IN
PERSON. EMAILED/FAXED APPLICATIONS WILL NOT BE NOTARIZED BY OUR OFFICE.**

State of Indiana)
) SS:
County of Lake)

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 2026.

Notary Public

My commission expires: _____

Resident of _____ County

Agreement

Ramp Long Tread Low Riser Step Assistance Program
City of Hammond - Mayor's Commission on Disabilities

A representative of the Mayor's Commission on Disabilities has advised me/us about the Ramp or Long Tread Low Riser Step Assistance Program. I/We have also been advised that the funding for this program will come from a federal Community Development Block Grant through the City of Hammond. I/We were also advised that there is a Low-Income requirement for the expenditure of these funds. I/We acknowledge that the attached signed income verification and statement of the number in the household is true to the best of my/our knowledge.

1. I/We agree to comply with all guidelines in accordance with the Americans with Disabilities Act. (See attachment) and with any local, state, and federal rules and regulations as applicable to the project.
2. I/We agree to comply with the Federal Regulations 24 CFR 570 dealing with the possible presence and subsequent removal by acceptable means of any Lead Base Paint before ramp painting.
3. I/We agree to comply with the Federal Regulation 36 CFR 800 dealing with the possible presence of a historic property and comply with the regulations set forth as may be applicable.
4. By signing this Agreement, I/We acknowledge and agree that the responsibility for maintaining and/or repainting my/our ramp is solely mine/ours. If the ramp is no longer needed I/We acknowledge that I/We are responsible for the removal and disposal of the ramp.
5. By signing the signature line(s), I/we understand that we have agreed to participate in the Ramp Long Tread Low Riser Step Assistance Program and to abide by the terms and conditions stated in the Agreement. I/We further acknowledge that I/We have asked the representative of the Commission to explain any portion of the Agreement that I/We do not understand.
6. 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 liability, action, cost, expense, or other obligations arising from our participation in this program.
7. I/We agree that the program will only cover a maximum of \$15,000. If the costs exceed \$15,000, I/we understand that the balance will be the responsibility of the applicant. There are no exceptions.

Date _____

Signature: _____

Address of Property _____

STATE OF INDIANA))
) SS:
COUNTY OF LAKE)

Subscribed and sworn to, before me, Notary Public this day of , 20 .

Notary Public

My Commission expires: _____

Ramp or Long Tread Low Riser Step Assistance Program Checklist

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

1. _____ A letter from your doctor stating your need for the ramp or steps
2. _____ Property Deed & Mortgage Payment Statement
3. _____ Proof that real estate taxes are current
4. _____ 2025 Tax Return for every person living in the home
* Federal Tax Return
* State Tax Return
* W-2's
5. _____ Proof of addition supplemental income for everyone in the home
(pension, social security, child support, welfare, etc.)
6. _____ 2 months Bank Statements for all accounts
7. _____ Current homeowner's insurance statement
8. _____ Current NIPSCO & Water Department bills
9. _____ Death Certificate – spouse (if applicable) (homeowner if spouse is on deed)
10. _____ Divorce/separation decree (if applicable)
11. _____ Last 3 payroll stubs for every person living in the home
12. _____ Valid Indiana Driver's License or State of Indiana ID
13. _____ Plat of Survey (if you have one)

Applicant (Please check one box)			
Hispanic	☐	Non-Hispanic	☐
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			

ZERO WAGE CERTIFICATION

A "Certification of Zero Income" should be completed by adult household members only (if appropriate).

If there are any sources of income listed that you (the applicant) need clarification on, please get in touch with 219-853-7311.

I. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

I _____, S.S. # _____ - _____ - _____ hereby certify that:

A. I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from the operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments;
- Supplemental Security Income Payments;
- Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments (other than food stamps);
- Periodic allowances from alimony or child support;
- Gifts received from persons not comprising the household;
- Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Shaklee, etc.);
- Any other source not named above; AND

B. I currently do not have income of any kind, and there is no imminent change expected in my financial or employment status during the next 6 months; AND

C. I will be using the following sources of funds to pay for housing, utilities, and/or other necessities:

II. APPLICATION CERTIFICATION

Under penalty of perjury, I certify, to the best of my knowledge, that the information provided in this certification is true and accurate. I also understand that providing false information constitutes fraud. False, misleading, or incomplete information may result in the termination of participation under the City of Hammond Ramp Assistance Program.

Household/Resident Printed Name

Signature

Date

Staff Initials

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.