



## **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.  
Department of Planning and Development  
5925 Calumet Ave., Suite 315, Hammond, IN 46320– Website: [www.gohammond.com](http://www.gohammond.com)  
Telephone – (219) 853-7311  
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:**

<b>1 Person</b>	<b>2 People</b>	<b>3 People</b>	<b>4 People</b>
\$47,250	\$54,000	\$60,750	\$67,500
<b>5 People</b>	<b>6 People</b>	<b>7 People</b>	<b>8 People</b>
\$72,900	\$78,300	\$83,700	\$89,100

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 2021,  
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)

)  
County of Lake)

SS:

Subscribed and sworn to before me, a Notary Public this \_\_\_\_ day of \_\_\_\_\_ 2022.

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 also were 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 household is true to the best of my/our knowledge.

I/We agree to the terms and conditions in reference to the Ramp Long Tread Low Riser Step Assistance Program.

1. I/We agree to comply with all guidelines in accordance with the Americans with Disabilities Act. (See attachment) and with any and all 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 prior to 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 compliance 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.
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 and all liability, action, cost, expense or other obligations arising from our participation on this program.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Address of Property \_\_\_\_\_

STATE OF INDIANA)

) SS:

COUNTY OF LAKE )

Subscribed and sworn to, before me, Notary Public this \_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

## 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. \_\_\_\_\_ 2021 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)
9. \_\_\_\_\_ Divorce/separation decree (if applicable)
10. \_\_\_\_\_ Last 3 payroll stubs for every person living in the home that has an income
11. \_\_\_\_\_ Valid Indiana Driver's License or State of Indiana identification card
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.

**City of Hammond  
Mayor's Commission on Disabilities  
5925 Calumet Ave., Suite 315  
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 \_\_\_\_\_ 2022.

\_\_\_\_\_

My Commission expires: \_\_\_\_\_

Resident of \_\_\_\_\_ County