



Ramp or Long Tread Low Riser Step Assistance Program Application



Cynthia Rangel
Mayor's Commission on Disabilities
Planning & Development
5925 Calumet Avenue, Suite 315
Hammond, Indiana 46320
219-853-7311
219-853-6334 fax
rangelc@gohammond.com

**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) 853-7311
 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:

1 Person	2 People	3 People	4 People
\$41,950	\$47,950	\$53,950	\$59,900
5 People	6 People	7 People	8 People
\$64,700	\$69,500	\$74,300	\$79,100

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	
White	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>
Asian/White	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>
American Indian/Alaskan Native & Black African American	<input type="checkbox"/>
Multi-Racial	<input type="checkbox"/>
Other	<input type="checkbox"/>

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 2019,
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 _____ 2021.

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 _____, 2021.

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. _____ 2019 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 _____ 2021.

My Commission expires: _____

Resident of _____ County