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127 Main Street
South Portland, ME 04106

Critical Access Ramp Program Application

The objective of this program is to provide a wheelchair ramp in an efficient, timely manner that will give someone with a disability effective access to their current home. This program is intended for those who meet HUD Low/Moderate Income guidelines and who would otherwise not be able to acquire a ramp.

Name: _____ Social Security #: XXX-XX-_____
Address: _____ Date of Birth: _____
County: _____ Age: _____
Phone: () _____ Gender: Male Female
E-mail: _____

Diagnosis/Disability: _____

Description of Home Access Situation (*How many steps?*): _____

An applicant must meet the following criteria in order to qualify for the program:

I reside in the property being considered for a ramp. Yes No
My disability prevents me from using standard steps independently or effectively. Yes No

I understand that this program is a program of last resort. To the best of my knowledge I am not eligible for, nor do I have access to any further funding or other resources that would help me affordably acquire a ramp in a timely manner. Yes No

Type of Home: Mobile Stick Built

Age of Home: _____

Does your home currently have working Smoke Detectors? Yes No

Does your home currently have working Carbon Monoxide Detectors?
(If not, Alpha One will provide these.) Yes No

Other Needs: Hand Rails Tub Bench Handheld Shower Wand

Critical Access Benefit Information

Your response to the following questions is critical in finalizing the application process. Our funding source requires answers to the following questions. All responses will be kept confidential and used solely for determining eligibility for potential CDBG grant funds.

Please place an "X" in the appropriate spaces pertaining to your household information.

Beneficiary Information:

Race/Ethnicity

Indicate by putting the appropriate number of individuals residing in the household for each of the following groups:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> American Indian/Alaskan Native and Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |

Household Information

Indicate by putting the appropriate number of individuals residing in the household for each of the following groups:

- | | |
|--|--|
| Head of Household is <input type="checkbox"/> Male <input type="checkbox"/> Female | Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Total Number in Household: _____ | Household Income: \$ _____ |
| Number of Elderly Persons: _____ | <i>Please provide documents- IRS 1040, Social Security, SSI</i> |
| Number of Severely Disabled Persons: _____ | <i>for income purposes.</i> |

Applicant Signature: _____ Date: _____

Alpha One Office Use Only

Confirmation of Disability Date: _____ Flood Plain Verification Date: _____
Historic Preservation Authorization Date: _____

Application is approved Application is not approved Explanation: _____

Alpha One Signature: _____ Date: _____