

COMMUNITY RAMP APPLICATION FORM

Helping individuals in Wexford, Missaukee, & Osceola County with accessibility, one ramp at a time.

DATE OF APPLICATION / /

APPLICANT INFORMATION - PERSON RECEIVING THE RAMP

Name:

Phone Number: Date of Birth: / /

Home Address:

City: State: Zip Code:

Email: Preferred Contact Method:

CO - APPLICANT INFORMATION

Name:

Phone Number: Date of Birth: / /

Relationship to Applicant:

Email:

FINANCIAL INFORMATION

Number of people living in your household?

Current Earned Income (For each person receiving income in your household, please give the following)

Name	Type of Income (Name all)	Monthly Income
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Total Monthly Income:

RAMP NEED ASSESSMENT

Do you currently have a ramp at your home? Yes No

What challenges are you experiencing that make a ramp necessary? (Check all that apply)

I use a wheelchair I use a walker or a cane I have difficulty climbing stairs

I have balance or mobility issues Other (please explain:)

Is this a short-term or permanent need? Short Term Permanent

Do you have a doctor's note for a ramp? Yes No

RAMP NEED ASSESSMENT - CONTINUED

How often do you need to leave your home for essential activities (medical appointments, work, school, caregiving, etc.)?

What safety issues or hazards exist at your home's entrance (steps, porch, or current ramp)?

How are you currently able to enter and exit your home? (Describe whether you can do this independently, with help, or not at all.)

Needs Assessment Score:

HOUSING INFORMATION

Do you: Own your home Rent Your Home

If renting, how long have you lived at this address? _____ years/months

If renting, do you have written permission from your landlord to install a permanent ramp? Yes No (Please provide documentation if available.)

Is your home a mobile home? Yes No

If yes, do you own the land the mobile home is on? Yes No
(if no, Landlord approval needed)

ADDITIONAL INFORMATION

Are you currently on hospice care Yes No

Are you a U.S. veteran? Yes No

Served in active military, naval, air, or space service and discharged under conditions other than dishonorable. Do you have a DD214 Yes No

Are you looking to move in the near future? Yes No

Location of desired Ramp (describe what side of the house)

Is there a secondary location available if the first is not suitable for a ramp?
If so, where

Is there anything else you'd like us to know about your situation?

DOCUMENTATION

- Current Insurance
- Insurance has Cadillac Area Habitat for Humanity named as an additional insured
- Current Taxes
- Current Income (ex: W2 or SSI Statement)
- Doctor's Note (If applicable)
- DD - 214 (If applicable)
- Landlord Insurance and Taxes (If applicable)

Return completed application to:
 Cadillac Area Habitat for Humanity
 PO Box 828
 Cadillac, MI 49601
 Or email to:
director@cadillacareahabitat.org

Referral Made by: _____
 Organization Name: _____

INCOME CRITERIA EFFECTIVE UNTIL MAY 2026

Monthly Household
Income Guidelines for
Wexford

Family Size	Maximum Income
One	\$47,050
Two	\$53,800
Three	\$60,500
Four	\$67,200
Five	\$72,600
Six	\$78,000
Seven	\$83,350
Eight	\$88,750

Monthly Household Income
Guidelines for Missaukee
and Osceola

Family Size	Maximum Income
One	\$45,850
Two	\$52,400
Three	\$58,950
Four	\$65,500
Five	\$70,750
Six	\$76,000
Seven	\$81,250
Eight	\$86,500

COMMUNITY PARTNERS

This Ramp Assistance Program is made possible through the collaboration of several community organizations working together to improve accessibility and independence for residents in need. We thank our partners for their support, funding, and hands-on efforts to make this program a reality.

