

DISABILITY SERVICES RESOURCE CENTER
1820 N. TRUMBULL DRIVE, BAY CITY, MI 48708-5444
PHONE: 989/895-5444 FAX: 989/895-3917

APPLICATION FOR WHEELCHAIR RAMP
(A DOCTOR'S PRESCRIPTION IS REQUIRED)

Homeowner Name _____

Address _____

Township _____

Phone # _____

Do you own this home (or purchasing this home)? _____
(If you are a renter, you must present DSRC with written permission from the homeowner)

Do you rent any portion of this home to another person or family? _____

How many people live in this home? _____

How many people are disabled? _____

Where are you employed? _____

What is the **yearly income** of all persons living in this home? _____

You must include all sources of income from all persons living in the home.
*(You will need to provide proof of all incomes prior to final selection.
Copies of your most current tax return forms are required.)*

Please explain any circumstances that prevent you from providing the ramp
on your home? _____

Do you wish to make a financial contribution to help with cost of putting a
ramp on your home? Yes or No (circle one) If yes, how much \$ _____