

**SOURCES of Community Independent Living Services
& Rebuilding Together of NW Arkansas
Wheelchair Ramp Program Application**

Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Phone Number _____ E-mail _____

How long have you lived in your home? _____

Please list names and ages of all persons living in the home: _____

Do You: Rent Own your home? Do you own the land that your home is on? _____

Do you plan to move and/or sell your home within the next 2 years? _____

Is your home a mobile home or a permanent structure? _____

Monthly Household Income _____ Amount in Checking _____ Savings _____

Income Source _____ Medicare Medicaid Insurance Job

Please attach some form of documentation of your income and of All persons living in the home.

Monthly Expenses:

Rent/Mortgage _____ Medical Expenses _____ Food _____

Prescriptions _____ Utilities _____ Other _____

Would you be able to assist financially with the cost of this ramp? _____

Have you contacted any other organization for assistance in building your ramp?

Yes No If yes, what organization? _____

May Rebuilding Together refer your application to other organizations for assistance? _____

Please describe the nature of your disabilities: _____

Nature of request for services: _____

How critical is need for services? _____

Applicant Signature: _____ Date: _____

*Please mail your application to: **Rebuilding Together of Northwest Arkansas**
614 E. Emma Ave. Suite 203 Springdale, AR 72764
(479) 725-2488*