



(PERSON IN NEED OF THE RAMP)

SPOUSE NAME (if applicable): _____
(Last) (First) (Middle)

Household Member	SSN (last 4)	Birthdate	Age	Relationship to Client
1				
2				
3				
4				
5				
6				
7				

IS THERE A VETERAN IN THE HOUSEHOLD? YES or NO NAME:_____

Why do you need a ramp for your home? _____

CERTIFICATION OF INCOME ELIGIBILITY

1. I certify that I am income eligible for participation in the Sumter Habitat for Humanity Ramp Program.
2. Number of people in the household .
3. I verify that **THE HOUSEHOLD ANNUAL GROSS INCOME** falls under the low-income limits charted at the bottom of this section: **YES or NO**
4. For the purposes of this program, income is considered to be any of the following:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
 - b. Income from the operation of a business
 - c. Rental income from real or personal property
 - d. Interest or dividends from assets
 - e. Unemployment or disability payments
 - f. Public assistance payments
 - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
 - h. Income from self-employment (Avon, Mary Kay, Hair/Nail services, Catering/Baking, etc.)
 - i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
 - j. Veteran's Benefits
 - k. Supplemental Security Income
 - l. Any other source not named above

Median Family Income		Persons In Family							
FY 2025 Income Limit Area Sumter, SC, MSA	Very Low (50%) Income Limits:	1	2	3	4	5	6	7	8
		25,000	28,550	32,100	35,650	38,550	41,400	44,250	47,100

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the loss of qualification for the ramp program.

You must submit income verification to Sumter Habitat for Humanity during the verification process. A list of required documents will be requested for submission at the site visit.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YES OR NO:

YES NO Do you own and live in your home?

YES NO Is your home located within the Sumter County limits?

YES NO Do you have homeowners' insurance?

YES NO Has Sumter Habitat for Humanity helped you in the past?
If yes, in what manner: _____

YES NO Have any other agencies helped you in the past?
If yes, what Agency: _____

WERE YOU REFERRED TO OUR ORGANIZATION? If so, by whom? _____

IF YOU ARE NOT THE CLIENT, ONLY ASSISTING THE CLIENT, PLEASE PROVIDE YOUR INFORMATION:

NAME: _____ **PHONE:** _____

RELATIONSHIP TO THE CLIENT: _____

EMAIL ADDRESS: _____

Signature of Ramp Program Client

Date

Signature of Ramp Program Client

Date

Signature of SHFH Staff

Date



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