



Richardson Ramp Program Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

APPLICANT SOCIAL SECURITY NUMBER: XXX – XX - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ TYPE OF PHONE: \_\_\_\_ Mobile \_\_\_\_ Home (landline) MARITAL STATUS (circle one): MARRIED SINGLE SEPARATED DIVORCED WIDOWED

SPOUSE NAME (if applicable): \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

List FIRST and LAST names of ALL persons LIVING WITH THE CLIENT.

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

**\*\*A DOCTOR'S NOTE ON THE DOCTOR'S LETTERHEAD DESCRIBING THE NEED OF A WHEELCHAIR RAMP MUST BE PROVIDED WITH THIS APPLICATION\*\***

Why do you need a ramp for your home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IS THERE A VETERAN IN THE HOUSEHOLD? YES NO NAME:** \_\_\_\_\_

**CERTIFICATION OF INCOME ELIGIBILITY**

(To be completed by adult (18 years or older) household members only, if appropriate)

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

ST

Zip

Circle one of the following eligibility options:

1. I certify that I am income eligible for participation in the Sumter Habitat for Humanity Ramp Program. Number of people in the household. [ ] I verify that my **MONTHLY GROSS INCOME** falls **under** the low-income limits charted at the bottom of this section. Y/N: [ ]

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-employed resources (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							
		1	2	3	4	5	6	7	8
FY 2025 Income Limit Area Sumter, SC, MSA	Very Low (50%) Income Limits								
	<b>PER MONTH:</b>	2,083	2,379	2,675	2,971	3,213	3,450	3,688	3,925

2. I currently have no income of any kind, and there is no imminent change expected in my financial status or employment status during the next 12 months.

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.

If option 1 is selected above, documentation will be required to be submitted to Sumter Habitat for Humanity during the verification process. A list of required documents will be provided to you during 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 City limits?
- YES NO Do you have homeowners' insurance? (Proof of insurance will be required)
- 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?** \_\_\_\_\_

_____ Signature of Ramp Program Applicant	_____ Date
_____ Signature of Ramp Program Applicant	_____ Date
_____ Signature of SHFH Staff	_____ Date

**Once you have completed all pages of the packet, return it in person or via mail to Sumter Habitat for Humanity's office at:**

812 S. Guignard Dr.  
Sumter, SC 29150

**Or you may email it to:**  
Info@habitatsumter.org



Sumter Habitat for Humanity | PO Box 2746, Sumter, SC 29151 | tel. (803) 775-5767 | info@habitatsumter.org  
habitatsumter.org | Equal Housing Opportunity