



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

**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							
FY 2025 Income Limit Area Sumter, SC, MSA	Very Low (50%) Income Limits <b>PER MONTH:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</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

