



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 household **YEARLY 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 2026 Low (80%) Income Limits: Sumter, SC MSA	\$41,800	\$47,800	\$53,750	\$59,700	\$64,500	\$69,300	\$74,050	\$78,850

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 Sumter County?
- 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
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