



Broome County Council of Churches
3 Otsenigo St, Binghamton, NY 13903
Phone: (607) 724-9130 Fax: (607) 724-9148 mail@broomecouncil.net
Wheel Chair Ramp Project
APPLICATION

Today's Date: _____

PLEASE RETURN BY: 3/1/2012

NAME _____ Referred by: _____

Last

First

TELEPHONE # (_____) _____ (____) _____

ADDRESS _____ City _____ Zip _____

Directions to home: _____

SS # (last 4 digits) _____ Date of Birth _____ Age _____

I. Property information

(A) House : Own _____ Rent _____ If rental proceed to (B); If mobile home proceed to (C)

Tax Number: _____

Age of house: _____ years Mortgage: \$ _____/month

Home Owners Insurance coverage amount: \$ _____

(B) Apartment Rental Information

Owner Name: _____ Owner Phone: _____

Owner Address: _____

Rent Payment: \$ _____

(C) Mobile Home: Own _____ Rent _____

Age of home _____ Years Private Lot _____ Mobile Home Park _____

Mortgage \$ _____ / Month Mobile Home Rent \$ _____ / Month

Mobile Home Lot Rent \$ _____

If Park, Park Name _____

Manager _____ Mgr Phone: _____

Manager Address: _____

II. Disability Information: Check each that applies

Are you permanently wheelchair bound? _____ Yes _____ No

Do you have local family assistance? _____ Yes _____ No

Please describe your disability and/or provide other pertinent information:

III. Household Resources:

Monthly income: \$ _____

Select all that apply:

Sources: (1) Social Security \$ _____

(2) Pension \$ _____

(3) Part Time Employment \$ _____

(4) Disability Insurance \$ _____

(5) Other \$ _____

IV. Other: List others in home and ages:

Name Age Relationship

Name Age Relationship

Name Age Relationship

If more space is needed please attach a separate page

PLEASE NOTE: A project representative will schedule a site visit. Homeowner/applicant must be present. Applicants are prioritized on an as-need basis; some applications may not be fulfilled.

I verify that the content of this application and the information I have provided is complete and true to the best of my knowledge.

Applicant Signature

Date

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Youth Mentor Initiative - Wheel Chair Ramp Project
ACCESS TO PROPERTY AND
RELEASE OF LIABILITY WAIVER

Resident Name: _____

Home Owner Name: _____

Day Phone: _____ Evening Phone: _____

Property Address: _____

By signing this document, permission is given to the Broome County Council of Churches Inc. (a non-profit organization) to work on my property for the purpose of building and installing a wheelchair ramp. I understand that once the wheelchair ramp is completed, it becomes my property, and I am responsible for all maintenance and repair, or removal of the ramp.

It is understood that the participants in this work are not professionals working for profit, and that no warranties, either express or implied, of any kind, including, without limitation, warranties of fitness for a particular purpose and/or merchantability, are made as to the quality of work done.

In consideration of volunteer services to be rendered at above stated property by the volunteers, the signing of this release guarantees to hold harmless the Broome County Council of Churches Inc., and its officers, directors, employees, and volunteers, and any related agency from liability, injury, damages, accident, delay or irregularity related to the aforementioned volunteer services.

I/We certify that all property taxes are current on this property and no foreclosure is pending.

This release covers all rights and causes of action of every kind, nature and description which the undersigned ever had, now has, or, but for this release, may have. This release binds the undersigned and his/her heirs, representative and assignees.

I/We certify that the above property and its occupants can be videoed and photographed for public broadcast and promotional use. (circle one) YES NO

**If resident and property owner are one and the same, please sign only as property owner*

Resident Signature: _____

Date: _____

Property Owner

Signature: _____

Date _____