



3 Otseningo Street
Binghamton, NY 13903

607-724-9130
Fax: 607-724-9148

mail@broomecouncil.net
www.broomecouncil.net

Broome Bounty

Chaplains' Corps

CHOW
(Community Hunger
Outreach Warehouse)

Encounter Program

Faith in Action
Volunteers

HOPE
(Help Our People
In Emergencies)

Hospital Ministry

Jail Ministry

Senior Living Ministry

January 11, 2010

Dear Applicant,

You have requested an application and/or have been referred to Broome County Council of Churches for the 2010 wheelchair ramp-building program, *Ramp It Up 2010*. Enclosed is an application and Access to Property & Release of Liability Waiver.

Please complete and sign both the application and the waiver, and return **no later than March 1, 2010**.

If you rent your home, please note the owner must sign the Access to Property and Release of Liability Waiver in order to be considered for this project.

Sincerely,

A handwritten signature in black ink that reads 'Joanne Kays' in a cursive script.

Joanne Kays, Director
Faith in Action Volunteers



Broome County Council of Churches
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Wheel Chair Ramp Project
APPLICATION

Today's Date: _____

PLEASE RETURN BY: 3/1/2010

NAME _____ Referred by: _____
Last First

TELEPHONE # (____) _____ (home) (____) _____ (other)

ADDRESS _____ City _____ Zip _____

Directions to home: _____

SS # (last 4 digits) - _____ DOB _____ Age _____

I. Home information:

Tax Number: _____

Number of Steps to first landing: _____ Porch?: _____ Yes _____ No

Please choose that which applies:

A.) **Mobile Home:** Age of Home: _____ yrs Private lot: _____ Park: _____

Mortgage: \$ _____ /month Lot Rent: \$ _____ /month

If Park, Park Manager Name: _____ Mgr Phone: _____

Manager Address: _____

B.) **Own Home:** Age of Home: _____ yrs Mortgage payment: \$ _____ /month
Homeowners Insurance coverage amount: \$ _____

C.) **Rent Home:** Owner Name: _____ Owner Phone: _____

Rent Payment: \$ _____ /month

II. Disability Information:

Permanently wheelchair bound: ____ Yes ____ No

Local Family Support: Yes ____ No ____

Please describe disability and/or provide other pertinent information:

III. Resources:

Income \$ _____ / month from (1) _____

(2) _____ (3) _____

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. Applications are prioritized on an as-needed basis; some applications may not be fulfilled.

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

Applicant

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: _____

Address: _____

By signing this document, permission is given to the Broome County Council of Churches Inc. to work on my property for the purpose of building and installing a wheelchair ramp. It is 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 address 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.

The below signature(s) 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.

The signer(s) of this document certify that the above address 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 _____