

# Ramps & Rails Full Application

## A Brush with Kindness

**Office Use Only**

Date Received: \_\_\_\_\_  
 Income Verified: \_\_\_\_\_  
 Owner Verified: \_\_\_\_\_  
 Application No. \_\_\_\_\_  
 Eligible [ ]Yes [ ]no

The Ramps & Rails Programs provides home repairs for low-income seniors, people with disabilities, and veterans living in Tillamook County who need assistance.  
 Please contact us at (503) 842-7472 with any questions.

Completed applications can be returned to our office at:  
 6500 Williams Ave. Bay City **OR** mailed to P.O. Box 3013 Bay City, OR 97107

DOCUMENTS USED TO VERIFY IDENTIFICATION (‘Known’ or similar wording cannot be used)		
Log #:	APPLICANT	JOINT APPLICANT
DOCUMENT TYPE		
NUMBER		
ISSUANCE DATE		
EXPIRATION DATE		

### Section 1 – Homeowner Information

Legal Name of Homeowner(s):	DOB:
Social Security #:	Email:
Home Address:	Home ph.:
City:                                      Zip:	Cell:
Do you live in Tillamook County?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you own your home?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your home paid off?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you own the land your home is on?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is this your primary residence?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you current on your property taxes and homeowner’s insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you in danger of losing your home or being foreclosed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there any judgments or liens against you or on the property?	<input type="checkbox"/> yes <input type="checkbox"/> no
How many months out of the year do you live in the home listed above:	_____ months
Do you plan on staying in this home for at least three years?	<input type="checkbox"/> yes <input type="checkbox"/> no
Type of home:	<input type="checkbox"/> Built on-site <input type="checkbox"/> Mobile <input type="checkbox"/> Other
List the name, ages and relationship of <b>ALL</b> household residents below:	
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Is anyone in the household a veteran?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is anyone in hour household currently in the military?	<input type="checkbox"/> yes <input type="checkbox"/> no

## Section 2 – Special Needs

Are you, or is any member of your household:

A senior citizen?

yes  no

Disabled?

yes  no

Does the homeowner or anyone living in the home have a disability that would affect his or her ability to help perform work on the home?  yes  no

Are there pets in the home?  yes  no

number/types: \_\_\_\_\_

## Section 3 – Household Income

The *total, combined income before taxes* for ALL persons living in the home is: \$ \_\_\_\_\_ per **year**.

Wages:	\$	/MO	Child Support:	\$	/MO
Pension/Retirement:	\$	/MO	Other: _____	\$	/MO
Social Security:	\$	/MO	Other: _____	\$	/MO
Permanent Disability:	\$	/MO			
Alimony:	\$	/MO			

**You must attach verification of all HOUSEHOLD income for each adult (18 years or older) in the house, unless a full time student (*provide proof of registration*) and/or unemployed**

(For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub. Please note on attached statements frequency of income).

Is anyone in the household currently employed?

yes  no

Please list names of employee(s), employer(s) and the city/state of the employer(s):

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If you have declared bankruptcy, indicate the date it was discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of bank, savings and loan, credit union, etc.	Address	Account Number	Current Balance
			\$
			\$
			\$
			\$

Please list all DIRECT EXPENSES for the members of your household:

Mortgage Payment:	\$	/MO	Medical/Dental:	\$	/MO
Lot rental:	\$	/MO	HOA Dues:	\$	/MO
Car payment:	\$	/MO	Child/Spousal Support:	\$	/MO
Utilities:	\$	/MO	Child Care:	\$	/MO
Cell Phone:	\$	/MO	Business Expenses:	\$	/MO
Student loans:	\$	/MO	Other: _____	\$	/MO

Please list all ASSETS/PAYMENTS for the members of your household:

ASSET:	IS ASSET PAID OFF:	UNPAID BALANCE:	MONTHS LEFT TO PAY:
Motor Vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Additional Motor Vehicle	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Boat(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
Motorcycle(s)	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	
	<b>CREDIT CARD TYPE:</b>		
Credit Card		\$	
Credit Card		\$	
Credit Card		\$	

### Section 4 – Family Background

Have you or any member of your household with in the last 5 years had a felony conviction?  yes  no

If the answer is yes, please explain: \_\_\_\_\_

Are you or any member of your household required to register as a sex offender in any state?  yes  no

If the answer to the above question is yes, in which state is this registration? \_\_\_\_\_

*Habitat for Humanity screens all potential applicants on the National Sex Offender Public Registry.*

### Section 5 – Home Information

Style of home:  1 story  2 story  ranch year built: \_\_\_\_\_ year

purchased: \_\_\_\_\_

Type of work needed:  window replacement  deck (repair only)  handicap ramp  exterior paint  landscaping  yard work

Type of siding and trim of home:  wood  brick  stucco  aluminum  vinyl

Does property have a:  garage  shop  shed

### Section 6 - Repairs Needed

In this section, please describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of our Ramps & Rails Committee.

**Our volunteers are not professionals and may not be able to make all repairs.**

<input type="checkbox"/> yes <input type="checkbox"/> no	House painting. Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	Minor siding and trim repair. Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	Board replacement in porch, stair, or ramps. Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	Yard work (including pruning, trimming, weeding). Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	Junk removal. Please describe:
<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Critical Home Repairs (CHR):</b> Please describe any further repairs that may be necessary.

## Section 7– Homeowner Agreement

By completing this application, I certify that the information I have provided on this application is accurate and that I own the property at the address provided. **I have no present intention to move or offer my home for sale for at least three years.** I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

Completion of this application signifies that I understand that if I am approved and there are costs for the repairs, I agree to pay for the cost of the repairs and may be able to qualify for a no interest loan for those costs and make monthly payments until the balance is paid off.

I understand that the people who may work on my house are unpaid volunteers; that few, if any are skilled in the building trades, and that 'Ramps & Rails' makes *NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.*

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Ramps & Rails program, my ability to repay the no-interest loan, and my willingness to be a partner through contributing sweat equity. I understand that the evaluation will include personal visits, a credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

I hereby release Habitat for Humanity of Oregon and any of its affiliated organization from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Tillamook County Habitat for Humanity activities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Organization: \_\_\_\_\_

## Section 8– Media and Publicity

Where did you learn about the Ramps & Rails Program?

Radio    Newspaper    Flyer    Friend    Referral    Other \_\_\_\_\_

If Habitat selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters?  yes  no

May we include photos of you and your home in our printed media, website and Facebook?  yes  no