

## **Escambia County Wheelchair Ramp Pilot Program**

The intent of the Wheelchair Ramp Pilot Program is to help Escambia County residents maintain independence and eliminate physical barriers by providing wheelchair accessibility to their homes. This program provides Community Development Block Grant (CDBG) funds for income eligible households for materials and supplies while volunteer partners will provide the labor to construct the ramps.

Due to limited funding, priority may be given to low income (50% area median income) households. All applicants must meet eligibility requirements in order to be approved for the program. If approved, all funding provided will be in the form of a grant.

### **Eligibility Requirements:**

- Property must be zoned for residential use.
- Property must not have any back taxes and Applicant/Owner must not have any other outstanding liens or judgments owed to the County.
- Applicant must be a current resident of Escambia County.
- Applicant must provide documentation to establish Income Eligibility Requirements (applicant must be at or below 80% of the Area Median Income as shown below—2019 Limits).

<b># PERSONS IN FAMILY</b>	<b>50% OF MEDIAN</b>	<b>80% OF MEDIAN</b>
1	\$24,250	\$38,750
2	27,700	44,300
3	31,150	49,850

- Consideration may be given to *non-owner occupied* (rental) properties on a case by case basis with owner permission.

### **Paperwork Required for Application:**

- Picture ID for all household members 18 years or older
- Social Security Card for each household member
- Income Verification (all household members):
  - 3 most recent paycheck stubs if employed
  - Current Social Security/retirement/pension benefits statement
  - Child support and/or alimony payment statement
  - Unemployment Benefits Award Letter
  - If unemployed and no source of income, must sign a notarized statement
- Asset Verification:
  - Current checking and savings account bank statement
  - Current Statement for IRA(s), CDs, etc.
- Current mortgage statement (if applicable)
- Current lease (for renters)

Please complete the enclosed preliminary application and return to Neighborhood Enterprise Division (NED). NED staff will contact you to make an appointment to determine your eligibility and to set up an appointment. All information provided to Escambia County/NED will be confidential.

### **For more information, contact:**

Neighborhood Enterprise Division  
221 Palafox Place, Suite 200  
Pensacola, FL 32502  
Phone: 850-595-0022 x4  
Fax: 850-595-0342  
ned@myescambia.com

## Escambia County Wheelchair Ramp Pilot Preliminary Application

<p><b>Applicant:</b> _____</p> <p><b>Co-Applicant:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City, Zip</b> _____</p> <p><b>Phone No.:</b> _____</p> <p>Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent</p> <p>Is property your Homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Property Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Do you have a checking or savings account? <input type="checkbox"/> Yes (please provide current bank statement printouts) <input type="checkbox"/> No</p> <p>If you rent, provide Name &amp; Contact Info for Landlord: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Household Name/Relationship</th> <th style="text-align: left;">Sex/Age</th> </tr> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td></tr> <tr><td>7. _____</td><td>_____</td></tr> <tr> <td colspan="2"><b>Background Data:</b> <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> Am. Ind.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Asian <input type="checkbox"/> Hisp <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"><b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Divorced <input type="checkbox"/> Separated</td> </tr> <tr> <td colspan="2">Do you have any other assets?</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Yes. Please list: _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> No</td> </tr> </table>	Household Name/Relationship	Sex/Age	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	5. _____	_____	6. _____	_____	7. _____	_____	<b>Background Data:</b> <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> Am. Ind.		<input type="checkbox"/> Asian <input type="checkbox"/> Hisp <input type="checkbox"/> Other		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Do you have any other assets?		<input type="checkbox"/> Yes. Please list: _____		<input type="checkbox"/> No	
Household Name/Relationship	Sex/Age																														
1. _____	_____																														
2. _____	_____																														
3. _____	_____																														
4. _____	_____																														
5. _____	_____																														
6. _____	_____																														
7. _____	_____																														
<b>Background Data:</b> <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> Am. Ind.																															
<input type="checkbox"/> Asian <input type="checkbox"/> Hisp <input type="checkbox"/> Other																															
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married																															
<input type="checkbox"/> Divorced <input type="checkbox"/> Separated																															
Do you have any other assets?																															
<input type="checkbox"/> Yes. Please list: _____																															
<input type="checkbox"/> No																															

<i>Please list income received by EACH household member</i>		
Household Member Name:	Monthly Amount:	Income Type (employment, SS, child support, retirement, pension, etc.)

I understand that my signature authorizes the Escambia County Neighborhood Enterprise Division (NED) to determine my eligibility for the Wheelchair Ramp Pilot Program. To participate in the program, I agree to provide information to NED in order to determine my eligibility. I understand that my application for this program does not guarantee the availability of assistance.

Signature of Applicant	Print Name	Date
------------------------	------------	------

<b>NED Use Only</b>	<input type="checkbox"/> Century <input type="checkbox"/> Escambia <input type="checkbox"/> Pensacola	Property Type: <input type="checkbox"/> SFR <input type="checkbox"/> MH <input type="checkbox"/> Other:
	Redevelopment Area: <input type="checkbox"/> Barrancas <input type="checkbox"/> Brownsville <input type="checkbox"/> Cantonment <input type="checkbox"/> Englewood <input type="checkbox"/> Ensley <input type="checkbox"/> Oakfield <input type="checkbox"/> Palafox <input type="checkbox"/> Warrington	
	Date Applicant Contacted:	Commissioner District:
	Agency Referral:	Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Renter