



www.alexandriava.gov

OFFICE OF HOUSING
Program Implementation Division
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RENTAL ACCESSIBILITY MODIFICATION PROGRAM

The purpose of the Rental Accessibility Modification Program (RAMP) is to provide grant funds for accessibility improvements to rental housing units located within the City of Alexandria which is occupied by families or individuals with incomes at or below the maximum limits of the federal Section 8 Program, by family size, with at least one household member who has a disability.

Rental property occupied by individuals or families receiving assistance under this program must be located within the corporate limits of the City of Alexandria and may include single-family detached, semi-detached, duplex, row house or apartment; under fee simple, condominium or cooperative forms of ownership. The maximum assistance amount under the RAMP is \$50,000. A separate component of the RAMP establishes a “mini-grant”, under which applicant households needing limited modifications (for example, installation of bathroom grab bars or specialized fixtures) may request a grant of up to \$1,500, based on a privately provided written estimate of the work to be performed. Under this component, the City will make direct payments to the vendor providing the modification.

Each applicant must complete the attached Rental Accessibility Modification Program application. Income and Asset information must be provide by all residents of the rental unit to be improved under the Rental Accessibility Modification Program.

Please submit copies of:

Enclosed
(Check Here)

- | | |
|---|-------|
| 1. Last <u>two</u> years Federal Income Tax Returns | _____ |
| 2. Retirement and Disability Income Statements:
(Social Security; SSI, Civic Service Annuity Statements, etc.) | _____ |
| 3. Employment Income Verification Forms:
(Signed employment verification form and last two pay stubs.) | _____ |
| 4. Medical Statement Addressing Nature of Disability | _____ |
| 5. Client Authorization for Counseling Agency
(Form Attached) | _____ |

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RENTAL ACCESSIBILITY MODIFICATION PROGRAM (RAMP) APPLICATION

APPLICANT (Head of Household)		CO-APPLICANT (or Spouse)	
Name:	Date of Birth:	Name:	Date of Birth:
Address:		Address:	
Phone: Home: ()	Work: ()	Phone: Home: ()	Work: ()
Other Known Names:		Other Known Names:	
Marital Status:		Marital Status:	
Sex: M / F	Handicapped: Y / F	Sex: M / F	Handicapped: Y / F

HOUSEHOLD COMPOSITION: List all persons who live in your home, including the head of household.

Name	Social Security Number	M/F	Relationship to Applicant	Date of Birth	Student Y/N	Employed Y/N
			Head of Household			

EMPLOYMENT INFORMATION:**Applicant** Name and Address of Employer:**Co-Applicant** Name and Address of Employer:

Years worked:

Years worked:

TOTAL HOUSEHOLD MONTHLY INCOME:

SOURCE:	APPLICANT	CO-APPLICANT	OTHER	TOTAL
Monthly Pay				
Overtime				
Bonuses				
Commissions				
Dividends/Interest				
Social Security				
Pensions				
Alimony				
Child Support				
Rental Income				
Retirement				
Unemployment				
General Relief				
Other				
TOTAL	\$	\$	\$	\$

ASSETS:

SOURCE:	APPLICANT	CO-APPLICANT	OTHER	TOTAL VALUE
Checking Account				
Savings Account				
Cash on Hand				
Stocks, Bonds, Securities				
Real Estate Owned				
Other Assets				
TOTAL	\$	\$	\$	\$

Have you sold any real estate in the last two years?

Yes / No

If yes, what was the value? \$ _____

And the profit? \$ _____

Have you sold any stocks, bonds or other assets in the last two years?

Yes / No

If yes, what was the value? \$ _____

And the profit? \$ _____

