## Initial Ramp Loan Program Request

NAME (of person making inquiry):	
CONTACT INFORMATION:	
NAME (of person in need of ramp, if different	t):
ADDRESS (location of needed ramp):	
	COUNTY
How many steps where ramp will be located	?
Contact Information (Phone number and ema	ail):
Phone #:	
Email:	
Note to individual making inquiry:	
<ul> <li>Must be income-eligible to participate</li> <li>The Ramp Specialist will call to assess</li> <li>There is a \$125 refundable deposit to is installed and refunded when ramp is</li> <li>Other Ramp Programs may be availab         <ul> <li>INHS at 607-277-4500</li> <li>Bishop Sheen Housing at 585-6</li> </ul> </li> <li>Additional information:</li></ul>	need and availability. participate. Deposit will be deposited when ramp s uninstalled. le by contacting: 557-4114
FLIC Staff Initials / Date	
******	********
Date request: sent to Ramp Specialist added to spreadsheet Initialed by:	Results (from Ramp Spec):         Ramp will be installed.         Ramp will not be installed         Income-Ineligible         Location/space inadequate         No appropriate ramp parts         Other         Initialed by: