The Ramp Program will provide up to $10,000 in grant assistance to eligible home owners in need of a handicapped accessible ramp for their home. There is no repayment requirement for this program.

Households must include an elderly or disabled individual with documentation of the need for a ramp and must be at or below 80% of Area Median Income (AMI) according to household size.

To be considered for the Ramp Program, applicant(s) must have owned and resided at the property address for at least one year and must be within the city limits of the City of Peoria.

Assistance is only available to income eligible owner-occupied, single-family households where the property taxes are paid, no City liens (with the exception of mortgages) exist on the property, and there is active home owner’s insurance coverage.

Properties purchased “CONTRACT FOR DEED” are not eligible.

The Ramp Program is exempt from the City’s no double dipping policy due to the nature of the program.

No housing services will be provided to any address that has clear code violations on the property. The violation may include any item cited in Chapter 13 of the City Code and/or the most recently adopted version of the International Property Maintenance Code. The following items and any additional items identified by the inspector must be resolved prior to housing assistance being made available:

- All garbage, debris, old appliances, and dilapidated furniture must be removed from the exterior.
- Garbage and debris within the structure must be removed.
- Motor vehicle parts (including batteries and tires) must be removed.
- All grass and weeds must be less than 10 inches high.
- All bushes, shrubs, or trees blocking the public way must be cut back.
- All unlicensed vehicles must be removed from the property or properly licensed.
All Application must include the following documents:

1. **Proof of income for all persons in the home over the age of 18**
   - IRS Tax Returns (1040) showing income for the past two years
   - Social Security 1099 (annual income for the previous year) and a printout of current monthly income
   - Payroll check stubs showing income for the last two months

2. **Complete the IRS Form 4506-T Request for Transcript of Tax Return** for everyone in the household 18 years or older (make additional copies if needed). This will be faxed by the City to the IRS requesting a transcript of your Income Tax Returns or verification of non-filing for the past 2 years.

3. **Copy of Driver’s License or State ID** for all persons in the home over the age of 18 and third party verification of residency for minors in the home (verification could be a letter from school, copy of a medical card, or State ID).

4. **Copy of recorded deed as proof of property ownership**
   - City staff can access a copy of the deed free of charge if the owner cannot locate deed

5. **Homeowner Insurance declaration page as proof of property insurance**

6. **Paid receipts or escrow statement as proof of paid property taxes**
   - City staff can access a copy of paid property taxes free of charge if the owner cannot locate receipt

7. **If applicable, copy of current mortgage statement/summary from financial institution to document current mortgage status and escrow of property taxes and homeowner insurance**
   - City staff can make copies of the above information at the time of application submission.

   Applications may be submitted during regular business hours Monday to Friday 8 am to 5 pm at City Hall Room 300.

   Unsigned or incomplete applications will not be processed.

Any questions – call (309) 494-8600
**HOUSING REHABILITATION ASSISTANCE**  
**2019 RAMP PROGRAM GUIDELINES & APPLICATION**

<table>
<thead>
<tr>
<th>Applicant Name:</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>Social Security #:</td>
</tr>
<tr>
<td>Co-Applicant Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Social Security #:</td>
</tr>
<tr>
<td>Address:</td>
<td># of Bedrooms:</td>
</tr>
<tr>
<td>Home Phone and/or Cell Phone:</td>
<td>Work Phone:</td>
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</tbody>
</table>

**Race:** (Please circle)  
- White  
- Black/AfrAm  
- Asian  
- Amer. Indian  
- Native Hawaiian  
- Amer. Indian & White  
- Asian & White  
- Amer. Indian & Black/AfrAm  
- Black/AfrAm & White  
- Other Multi-Racial

<table>
<thead>
<tr>
<th>Hispanic Ethnicity:</th>
<th>YES</th>
<th>NO</th>
<th>Elderly:</th>
<th>YES</th>
<th>NO</th>
<th>Disabled: (Either you or a member of the household)</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Female Head of Household:</td>
<td>YES</td>
<td>NO</td>
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<td>Single Parent Household:</td>
<td>YES</td>
<td>NO</td>
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| Have you received assistance through a City Housing Rehabilitation program in the past? | NO | YES, please explain: |

**INCOME ELIGIBILITY CHART** (Total maximum yearly allowable income per household. These limits are subject to change as updated by HUD. If applicable, updates will be made at time of application.)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
<td>Low Income (80% or less than AMI)</td>
<td>$43,050</td>
<td>$49,200</td>
<td>$55,350</td>
<td>$61,500</td>
<td>$66,450</td>
<td>$71,350</td>
<td>$76,300</td>
<td>$81,200</td>
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**LIST ALL HOUSEHOLD MEMBERS** (INCLUDING APPLICANT; use additional paper if necessary)

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>ANNUAL INCOME</th>
<th>DISABLED (Y/N)</th>
<th>SOC. SEC. #</th>
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Page 3 of 4
Homeowner Certification:

I(WE) CERTIFY THAT I(WE) ARE THE OWNER-OCCUPANTS OF THIS PROPERTY AND THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY(OUR) KNOWLEDGE AND BELIEF. I(WE) UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF FACT OR THE FAILURE TO PROVIDE MATERIAL INFORMATION WILL PREVENT THIS APPLICATION FROM BEING CONSIDERED. I(WE) UNDERSTAND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE THAT I(WE) WILL BE GIVEN REHABILITATION ASSISTANCE. I(WE) HEREBY AUTHORIZE THE CITY OF PEORIA TO INSPECT THE PROPERTY AND TO OBTAIN VERIFICATION FROM ANY SOURCE NAMED IN THIS APPLICATION.

Signatures: (All owners must sign):

____________________________________________________   Date: ______________

____________________________________________________   Date: ______________

All incomplete or unsigned applications will not be processed.

City Staff Use Only

____________________________________________________

Staff Approval: __________________________   Date: ______________