



Catholic Charities
Diocese of Gary

WHEELCHAIR RAMP/HOME SAFETY REPAIR APPLICATION 2012

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

OWN HOME _____ RENT _____ RACE _____

NUMBER OF PERSONS IN HOUSEHOLD: ADULTS _____ CHILDREN _____

LAST YEAR'S **TOTAL HOUSEHOLD** INCOME: _____

We will need a copy of your latest federal tax return and/or proof of income

IS RECIPIENT: ELDERLY _____ YES _____ NO

DISABLED _____ YES _____ NO IF YES, PLEASE DESCRIBE: _____

How much can you contribute to material cost? _____

SIGNATURE DATE

My signature certifies that the above information is correct.

CONTACT PERSON (if different from above)

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL _____

WHEELCHAIR RAMP / CONSTRUCTION DISCLAIMER

I, THE UNDERSIGNED, AGREE THAT I WILL NOT HOLD CATHOLIC CHARITIES, IT'S EMPLOYEES OR CONTRACTORS, THE CITY OF MICHIGAN CITY, THE CITY OF LAPORTE, RSVP, RSVP VOLUNTEERS, OR ANY OTHER VOLUNTEERS ASSOCIATED WITH THIS PROJECT, RESPONSIBLE FOR ANY DAMAGE, INJURY, OR INCIDENT RESULTING FROM RAMP CONSTRUCTION/REPAIR OR POST-RAMP/REPAIR CONSTRUCTION AT THE ADDRESS LISTED BELOW.

I ALSO AGREE THAT I WILL NOT INSTIGATE OR TAKE PART IN ANY LEGAL OR CRIMINAL ACTION WHICH WOULD ATTEMPT TO RECOVER ANY PERSONAL OR FINANCIAL LOSSES FROM CATHOLIC CHARITIES, CATHOLIC CHARITIES EMPLOYEES OR CONTRACTORS, RSVP, RSVP VOLUNTEERS, OR ANY OTHER VOLUNTEERS ASSOCIATED WITH THIS VOLUNTEER PROJECT.

SIGNATURE / RECIPIENT DATE

SIGNATURE / PROPERTY OWNER DATE

**** RETURNING THIS DISCLAIMER IS ONLY STEP 1 OF THE PROCEDURE, AND, IN NO WAY, GUARANTEES THAT WE WILL CONSTRUCT YOUR RAMP/REPAIR ****

Please return your information in the envelope provided. Thank you.

Office

321 W. 11th St.
Michigan City, IN 46360
v 219.874.8195
f 219.879.9073
mcrsvp@catholic-charities.org



Member Agency - Lake Area United Way
United Way of Greater LaPorte County
Affiliate Program - United Way of Porter County