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| **APPLICANT INFORMATION** | **APPLICATION DATE (mm/dd/yyyy)**  |
| **First Name** | **Last Name** |
| **Date of Birth (mm/dd/yyyy)** | **Phone Number** |
| **Guardian Name (if applicable)** | **Guardian Phone Number (if applicable)** |

**Emergence Home Modification Program Application**

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| **Applicant’s Street Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****City County State Zip Code** |
| **Application for Home Modification** |
| **Does the applicant’s disability include paralysis, “including stroke, spinal cord injury, MS, cerebral palsy, or any central nervous system injury or disorder resulting in difficulty or inability to move the upper or lower extremities.” Yes / No****If Yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Type of Modification Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Does the Applicant own the property? Yes \_\_\_ No \_\_\_ If No, a request for a Reasonable Modification must be approved by the property owner and submitted to receive Emergency Grant Home Modification funding services.** **Type of Property and Shared Entry Points *(check all that apply)*****\_\_\_\_Single Family Home \_\_\_\_ Duplex or Townhome \_\_\_\_ Apartment Complex \_\_\_\_ other****\_\_\_\_ Shared front door or main building entryway \_\_\_\_ Shared Sidewalk/ Outside Sidewalk** **\_\_\_\_ Shared Driveway** |

**Applicant Signature**

**Emergency Contact**

Any family member, partner/spouse, roommate, etc. who resides at the property address above and who may be contacted in the case of an emergency.

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| **Contact Name** | **Phone Number** | **Relationship to Applicant** |