



Onondaga County Community Development Division

**RAMP
APPLICATION**

Town/City/Village of: _____

Name _____

Address _____

Home Phone _____

Other Phone _____

Also Contact _____

Complete and mail to:
Onondaga County Community Development
421 Montgomery St.
Syracuse, NY 13202

Fill in all spaces or write N/A (not applicable).
Incomplete applications will not be
processed.

Remember to include copies of all applicable
documents listed in the attached checklist.

Questions? Call (315) 435-3558

OWNERSHIP: (Tenants, please provide owner name, address & phone number)

Owner's Name _____

Owner's Address / Phone _____

Do you have a mortgage? Y / N Name of Lender: _____

Do you have homeowner's insurance? Y / N
Name of Insurance Provider: _____

OCCUPANTS: List each person living in the residence, including yourself.

Name	Relationship	Date of Birth	Sex	Medi-caid?	Full-time Student?
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N
_____	_____	_____	M / F	Y / N	Y / N

Is applicant a US armed services veteran? Yes ___ No ___

If applicant receives Medicaid, please provide a copy of his/her card.

Is there a child under the age of 6 living in the residence? Y/N

Does a child under the age of 6 spend a significant amount of time visiting? Y/N

Is any household member pregnant? Y/N How did you hear about our program? _____

Do you file Income Tax? Y/N If Yes, provide a copy of your Federal income tax return.

Do you have a checking account? Y/N Do you have a savings account? Y/N

INCOME: List all income for each person living in the residence.

Name	Name & Address of Income Source	Rate	Annual Amt
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

Assets (Include all sources. Bank accounts, retirement accounts, real estate, etc.)

Family Member	Description	Amount/Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

Onondaga County Community Development Grant Application Certification Page

Applicant _____

Applicant Address _____

I hereby certify that all of the information I have furnished for this application is given for the purpose of obtaining a property rehabilitation grant and is true and complete to the best of my knowledge and belief. I grant Community Development permission to verify any or all of the information. I further certify that I am the owner and/or occupant of the subject property. I agree not to discriminate based on race, color, creed or national origin in the rehabilitation, sale, lease or rental of this property once improved with the assistance of Community Development funds.

Applicant's Signature _____ Date _____

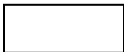
Applicant's Signature _____ Date _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: Male _____ Female _____

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)
White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____



ONONDAGA COUNTY COMMUNITY DEVELOPMENT

RAMP PROGRAM

APPLICANT'S CHECKLIST

Thank you for your interest in the RAMP Program. Please provide photocopies of the following information. We are required to keep this documentation on file in our office and will be unable to approve your application without it.

Proof of Disability - Copy of disability papers/letter from a licensed medical professional stating the nature of your disability.

Proof of Household Income - copy of most recent statement for: full or part-time employment, Social Security, SSI, pension, or disability. (If your Social Security funds are direct deposited, please provide your current year benefit/COLA letter or contact Social Security (1-800-772-1213) or go to www.socialsecurity.gov for a Proof of Income letter.) Please also provide our staff with proof of any interest income, rental income, public assistance, unemployment, alimony, room & board, and business income.

Proof of assets - bank statements for any checking and/or savings accounts, investment accounts, (IRA/401k statements, stock dividends), other real estate, etc.

Income Tax Forms - Copy of most recent 1040 Federal Income Tax Form. (If you are no longer required to file Income Tax, disregard this requirement.)

Proof of Homeowners Insurance - Copy of insurance policy declarations covering residence. Be sure to include policy numbers, coverage limits, and policy expiration date.

Mortgage – Most recent monthly statement or written proof that the mortgage is current/up-to-date. (If there is no longer a mortgage on the property, disregard this requirement.)

Proof of Identity – Copy of a government issued photo ID.

If you have any questions please feel free to call our office at (315) 435-3558.