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Ready to Roll Ramp Application

Name: _____

Address: _____ City, State, Zip Code: _____

Phone: _____ Email: _____

Do you own your home outright? ___ Yes ___ No

Are you buying your home? Mortgage Lender: _____ Contract for Deed: _____

Primary Qualifying Factor: ___ Elderly (65 or older) ___ Disability (Please specify): _____

Gender: _____ Race: _____

Homeowner's Insurance Company: _____

Date of Birth: _____ Date of Application: _____

Proof of homeowner's insurance must be provided.

I verify that the above information is true and correct to the best of my knowledge. I realize that failure to provide all information requested could result in my application being rejected.

Signature of Homeowner Date

Signature of Homeowner Date

"Empowering People With Disabilities To Live Independently In Our Community"