



Rebuilding Together Henry County (RTHC) is a non-profit, volunteer organization that helps low-income homeowners repair or modifications their homes so they may continue to live in safe and healthy homes.

**HOMEOWNER WHEEL CHAIR RAMP REQUEST**      **DATE:** \_\_\_\_\_

**Section 1: Homeowner Information**

Name of Homeowner 1: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Homeowner 2: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Approximate Yearly Income? \_\_\_\_\_

If this is a Rental Property, please provide the name and phone number of the property owner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 2: Please specify reason for a wheel chair ramp (Please check all that apply)**

Recent Fall       Wheel Chair Bound       Recent Surgery       Limited Mobility

Other (Please Specify) \_\_\_\_\_

How are you currently accessing the home? \_\_\_\_\_

\_\_\_\_\_

**Section 3: Agreements and Signatures**

I certify that the information on this application is accurate and that I own the property at the address given on this application. I understand that the people who may work on my house are unpaid volunteers; that few, if any of them are skilled in the building trades; and that REBUILDING TOGETHER HENRY COUNTY MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release Rebuilding Together Henry County and all associated with it from any and all liability whatsoever.

I understand that I am receiving a wheelchair ramp through Rebuilding Together Henry County for access to the residence listed above. The homeowner certifies that (s)he is the owner of the residence. The homeowner has the right to use the ramp as long as there is a need at the residence. The homeowner agrees to indemnify and hold Rebuilding Together harmless for any injury that may occur from using the ramp by the homeowner, along with homeowner's heirs, assigns, guests or visitors.

Please return completed request to:  
RTHC  
PO BOX 254  
Geneseo, IL 61254



When the need for the ramp is no longer present, Rebuilding Together will remove the ramp at no cost to the homeowner. Rebuilding Together retains ownership of the ramp through the terms of this agreement and after the ramp is removed. The ramp shall not be subject to liens or other encumbrances by the Homeowner. Rebuilding Together reserves the right to maintain, make repairs and /or modify the ramp during the term that it is in service at the home. The ramp is not to be painted or stained but water sealant can be applied with a clear coat.

Signature of Homeowner 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Homeowner 2: \_\_\_\_\_ Date: \_\_\_\_\_

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Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application

Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Office Use Only	Notes Completed by:

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