

*Do I meet income guidelines?  
(NO RENTALS)*

| <b>Family Size</b>      | <b>Annual Income</b> |
|-------------------------|----------------------|
| One person              | \$47,250 or less     |
| Two people              | \$54,000 or less     |
| Three people            | \$60,750 or less     |
| Four people             | \$67,500 or less     |
| Five people             | \$72,900 or less     |
| Six people              | \$78,300 or less     |
| Seven people            | \$83,700 or less     |
| Eight people            | \$89,100 or less     |
| Effective June 15, 2022 |                      |

If you have more than eight people in your family living in your household or if you have any questions, contact the Realtor®-Community Housing Foundation at 859-276-2693 or 859-276-3503.



Updated 10/2022



**RAMP serves low-income and disabled citizens who cannot afford to improve access into and out of their homes. Completing an improvement is truly a community project. Volunteers design the ramp to ensure that it meets code. The cost of building materials is covered by donations and/or grant funds, while builders, remodelers, and community volunteers donate their labor.**

**To apply for RAMP assistance, please fill out the application on the next page. To determine that the client meets income guidelines, read the back of this form. Once the application is completed, send it to:**

**RCHF  
2250 Regency Road  
Lexington, KY 40503  
859.276.3503 / FAX 859.277.0286**

**If you have questions about this application, contact the Realtor®-Community Housing Foundation by phone at 859.276.3503 or by e-mail at [rCHF@bluegrassrealtors.com](mailto:rCHF@bluegrassrealtors.com).**

Remodeling For Access and Mobility Application Form  
NO RENTALS

Client Information (Home Must Be Owned By The Applicant) No Rentals

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

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

City/Zip/County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Annual Income: *Please attach verification of income for ALL household members*

Amount: \_\_\_\_\_

Sources: a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

Describe the client's disability that necessitates the construction of a ramp or other adaptation. \_\_\_\_\_  
\_\_\_\_\_

How long will the ramp be needed? \_\_\_\_\_

How does the client currently get in and out of the house? \_\_\_\_\_

Describe the urgency of the need for a ramp. \_\_\_\_\_

Is the house fifty years or older? \_\_\_\_\_

Other residents' information

Ages & relationships of others living in house: \_\_\_\_\_

Annual income of other residents: *Please attach verification of income*

Amount: \_\_\_\_\_

Sources: a. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ d. \_\_\_\_\_

What family resources does the client have to assist with mobility or ramp acquisition?

a. Assistance getting down steps? \_\_\_\_\_

b. Financial assistance in paying for construction? \_\_\_\_\_

c. Assistance in physically constructing ramp? \_\_\_\_\_

Can you identify any other funding sources for this ramp? \_\_\_\_\_

What will happen if the client does not receive a ramp or adaptation through this program? \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Individual: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referring Agency Phone#: \_\_\_\_\_

**I have permission from this client to share this information with the Lexington Fayette Urban County Government and other involved agencies.**

Signature of referring individual: \_\_\_\_\_ Date: \_\_\_\_\_

**I grant the Realtor®-Community Housing Foundation permission to request information from organizations to verify my annual income.**

Signature of client/homeowner: \_\_\_\_\_ Date: \_\_\_\_\_



We do business in accordance with the Federal Fair Housing Law  
(The Fair Housing Amendments Act of 1988)  
It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

**Realtor-Community Housing Foundation  
2250 Regency Road, Lexington, KY 40503  
859.276.3503**

**RAMP WORK AGREEMENT  
(NO RENTALS)**

**As consideration for the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government and volunteers, construction of an accessible entrance to my property/residence at \_\_\_\_\_, and in order to induce the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government and volunteers to construct this accessible entrance to my property/residence, I enter into this RAMP Project Agreement.**

**I agree to indemnify and hold harmless the Realtor-Community Housing Foundation and the Lexington-Fayette Urban County Government, their funders, supporters, officers, agents, employees or volunteers liable or responsible for any damage to said property by reason of the exercise of the permission granted.**

**I understand that this ramp or entrance modification is made in accordance with the Americans with Disabilities Act. I agree that I will not hold the Realtor-Community Housing Foundation, the Lexington-Fayette Urban County Government, their funders, supporters, officers, agents, employees or volunteers liable or responsible for any injuries sustained in the use of this modified entrance.**

**I understand the construction of a ramp or other modification to my property/residence becomes my responsibility for future maintenance, and I will not look to the Realtor-Community Housing Foundation or the Lexington-Fayette Urban County Government for assistance with routine maintenance or removal of the ramp should it no longer be needed.**

**I enter in this agreement on behalf of myself and my heirs, assigns, devisees, next of kin, invitees and licensees and all other people claiming by or through me.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

# PHOTO RELEASE

**REPAIR AFFAIR/RAMP** has my permission to use photographs of my property/residence or me in publicity releases in the future. I understand these photographs may also be used for brochures or other information to promote **REPAIR AFFAIR/RAMP**.

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SIGNATURE

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DATE

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WITNESS

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DATE

I prefer not to have my photograph used by **REPAIR AFFAIR/RAMP**.

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SIGNATURE

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DATE

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WITNESS

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DATE

# REALTOR ® - COMMUNITY HOUSING FOUNDATION

## RELEASE OF LIABILITY

In exchange for participation in the activity of remodeling/renovation organized by and between The Realtor ® - Community Housing Foundation, and \_\_\_\_\_ (Property Owner), and/or use of the property, facilities and services rendered regarding:

\_\_\_\_\_  
(Property Address), I, \_\_\_\_\_ (Property Owner), of \_\_\_\_\_

\_\_\_\_\_  
(Property Address), agree for myself and (if applicable) for the members of my family, business, and/or any hired contractors, independent laborers, and/or employees or other third parties, to the following:

- 1. ASSUMPTION OF THE RISKS AND RELEASE.** I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, business, and/or any hired contractors, independent laborers, and/or employees or other third parties, and further release and discharge The REALTOR ® - Community Housing Foundation, along with its Board of Directors and Members, for any loss or damage arising out of my or my family's, business, and/or any hired contractors, independent laborers, and/or employees or other third parties use of or presence upon the residence located at \_\_\_\_\_ (Property Address), whether caused by the fault of myself, my family's, business, and/or any hired contractors, independent laborer's, and/or employees or other third parties.
- 2. INDEMNIFICATION.** I agree to indemnify, hold harmless and defend The REALTOR ® - Community Housing Foundation, against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's, business, and/or any hired contractors, independent laborers, and/or employees or other third parties use of or presence upon the residence located at \_\_\_\_\_ (Property Address).
- 3. FEES.** I agree to pay for all future expenses, fees, or damages after the initial remodeling/renovation provided to the residence located at \_\_\_\_\_ caused by any negligent, reckless, or willful actions by me, my family, business, and/or any hired contractors, independent laborers, and/or employees or other third parties from current remodeling/renovation and any future remodeling/renovations.
- 4. APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved under Commonwealth of Kentucky law.

5. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.
  
6. **ARM'S LENGTH AGREEMENT.** This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
  
7. **ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.
  
8. **DISPUTE RESOLUTION.** The Parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the Parties. If the matter is not resolved by negotiation, the Parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_, **PRESIDENT**  
**REALTOR® - COMMUNITY HOUSING FOUNDATION**

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_, **PROPERTY OWNER**