



LIFE Home Mod / Assistive Technology Program Application

To apply for an award under the home modification / assistive technology program:

- 1. Complete attached application in its entirety. Please be sure to read and sign the last page**
- 2. Please note: You MUST show all income received by anyone in the home over 18 years of age and send proof of that income.**
 - If income comes from Social Security (SSDI or SSI), send a copy of the most recent award letter.
 - If working, send: last three (3) consecutive paystubs, OR signed copy of most recent tax return, OR statement of income on company letterhead signed by employer.
 - If child support, a copy of the part of the divorce decree awarding child support.
 - If alimony, a copy of the part of the divorce decree awarding alimony.

Additional information required for Home Modification requests

3. If you are a homeowner:

- copy of most recent mortgage statement or copy of deed if house is paid for
- copy of most recent tax receipt
- a signed statement from the appropriate party may be substituted for one of these

4. If you are a renter:

- signed statement from your landlord that rent is current and he/she intends to allow you to remain a tenant in the home for at least one year from the date the modification will be done.

When all information is received and verified, you will be placed on our waiting list.

Living Independence for Everyone (LIFE), Inc. will verify information contained in this application including: income, status of rent/mortgage payments and status of property taxes (if applicable) to ensure grant requirements are met.

NOTE: Information may be reverified when you reach the top of the waiting list

Everyone must make a financial contribution before a home modification can be completed or assistive technology can be ordered. For most people the amount can be found on the attached contribution schedule. You will be notified if your contribution will be different because of income and/or assets. Additional information may be required.



LIFE Home Mod / Assistive Technology Program Application

Date : _____

Consumer Name: _____

Address: _____

City _____ County: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Disability: _____

Total number of residents in home: _____ Total monthly household income: _____

Please complete for all residents in the home over the age of 18:

Name	Relationship	Age	Income Type	Monthly Income Amount

Since this program is intended to be a resource of last resort, I have requested assistance from the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friends | <input type="checkbox"/> Landlord (if applicable) |
| <input type="checkbox"/> Church/Religious Institution | <input type="checkbox"/> Civic Organizations | <input type="checkbox"/> Clubs/Social Organizations |

Results: _____

Are you receiving services through, or are you eligible for, one of these programs?

- | | | |
|---|--|---|
| <input type="checkbox"/> Money Follows the Person (MFP) | <input type="checkbox"/> New Options Waiver (NOW) | <input type="checkbox"/> Independent Care Waiver (ICWP) |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Veterans Administration (VA) | <input type="checkbox"/> Rebuilding Together |
| <input type="checkbox"/> City of Savannah summer ramp program | <input type="checkbox"/> Community Habilitation and Comprehensive Supports Waiver (COMP) | |

If yes, have you requested assistance from them? Results? _____

Assistive Technology

Which AT device do you need most? _____

Describe how this device will assist in your daily living activities and maintaining independence:

Home Modifications

Do you use a mobility device?

Manual Wheelchair Electric Wheelchair Scooter Walker or cane Crutches

Which modification do you need most?

Ramp Low-rise steps Handrails Grab bars Door widening Other _____

Describe how this modification will assist in your daily living activities and maintaining independence:

Do you own your home? Yes No

How long have you lived here? _____

How long do you plan to remain here? _____

Building Type (*check one*)

Single Family
 Duplex
 Mobile Home
 Apartment Complex
 Other _____

Landlord/Apartment Manager/Homeowner Information

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone#: _____

I, _____ hereby make application for assistance with a home modification / assistive technology. I understand this program is a resource of last resort and affirm I have exhausted all other possible resources. I further understand the maximum award available under this program is \$1,800.00. I agree submission of this application does not guarantee approval of any award.

I understand that if my application is approved, I will be placed on the waiting list. When my name reaches the top of the waiting list, **I will be responsible for a financial contribution which must be paid in full before my request is fulfilled. I understand in most cases this contribution will be as shown on contribution schedule in effect when my application is received; I will be notified in writing in advance if my contribution will differ because of income and/or assets.**

I understand Living Independence for Everyone (LIFE), Inc., will verify my application information. I grant permission for LIFE to release confidential and/or protected information to funding providers, volunteers, contractors, and all other parties necessary to verify application information and fulfill my request.

FOR HOME MODIFICATIONS: I acknowledge before and after photographs of the requested modification will be taken. I authorize use of these photos in/on the intranet, internet, newsletters, newspapers, reports, radio and/or television. I understand no special compensation will be made for the use of these photos and I may not be informed in advance of the use of these photo.

I understand that my records are protected under federal and state confidentiality regulations and cannot be released without my written consent unless otherwise provided for in those regulations. I also understand that I may revoke this consent at any time and further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

I **further authorize** **do not authorize** and give Living Independence for Everyone consent to record, videotape and photograph my image and/or voice to be used in/on the intranet, internet, newsletters, newspapers, reports, radio and/or television. I understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

Applicant Signature (or parent if minor)

Date

Witness

Date

For LIFE Staff Use only

Approved:

Signature

Date

Contribution:

NOT approved:

Signature

Date

Reason:
