

|                            |             |
|----------------------------|-------------|
| <b>OFFICE<br/>USE ONLY</b> | File Number |
|----------------------------|-------------|

\_\_\_\_\_  
Name of Applicant (PRINT)

|                 |               |                                   |                 |                    |
|-----------------|---------------|-----------------------------------|-----------------|--------------------|
| Mailing Address | <i>Street</i> | <i>City / Town / Municipality</i> | <i>Province</i> | <i>Postal Code</i> |
|-----------------|---------------|-----------------------------------|-----------------|--------------------|

**AB**

\_\_\_\_\_  
Land Description

|     |       |      |         |          |       |          |
|-----|-------|------|---------|----------|-------|----------|
| Lot | Block | Plan | Section | Township | Range | Meridian |
|-----|-------|------|---------|----------|-------|----------|

**PART A**

- I certify
1. I live in a home in my own living quarters.
  2. Pay no rent and have life tenancy in this home.
  3. No other persons in the same home have applied for, or received funding from this grant.

\_\_\_\_\_  
Signature of Applicant

**PART B**

We certify that the applicant named above is known to us and has permission to make wheelchair modifications to the portion of the home in which he/she lives, using funds to be received from RAMP.

\_\_\_\_\_  
Signature of President of Colony

\_\_\_\_\_  
Signature of Manager of Colony

**PART C**

I witnessed the signing of Part A and B of this form.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Return this completed form by mail or fax, to:**

Alberta Seniors and Community Supports  
Residential Access Modification Program  
P.O. Box 927  
Edmonton, AB T5J 2L8

Fax: **(780) 427-0418**

Telephone: **(780) 427-5760**

To call toll free: **310-0000** then dial **(780) 427-5760**