

**OFFICE  
USE ONLY**

File Number

I confirm that \_\_\_\_\_ is a member of the  
Name of Applicant (PRINT)

\_\_\_\_\_ of  
Name of Cooperative Association

\_\_\_\_\_  
Address of Cooperative Association

The applicant lives in \_\_\_\_\_ at \_\_\_\_\_  
Unit Number Address of Applicant

I certify that the applicant named above has permission to make wheelchair modifications to this unit using funds to be received from RAMP.

\_\_\_\_\_  
Name of Authorized Official (PRINT)

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

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**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**

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