

Residential Access Modification Program (RAMP) Housing Cooperative Statement

		OFFICE File Number USE ONLY	
I confirm that	Name of	Applicant (PRINT) is a member of	the
	Name of C	Tooperative Association	of
	Address	of Cooperative Association	
The applicant lives in	n at Unit Number	Address of Applicant	
I certify that the appl to be received from		ission to make wheelchair modifications to this unit using fund	st
Name	of Authorized Official (PRINT)	Signature of Authorized Official	
		Date	
	Return this comp	leted form by mail or fax, to:	
		ors and Community Supports ccess Modification Program	

Fax: (780) 427-0418

Edmonton, AB T5J 2L8

P.O. Box 927

Telephone: (780) 427-5760

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

This information is being collected under the authority of Sections 4 and 34(1)(a) of the Alberta Housing Act, for the purpose of determining eligibility for the Residential Access Modification Program. The information will not be disclosed to any other person or organization except as authorized by the Freedom of Information and Protection of Privacy Act (FOIP). For further information write or phone the FOIP Coordinator at: Alberta Seniors and Community Supports, P.O. Box 927, Edmonton, Alberta T5J 2L8. Telephone (780) 415-6039, or toll free at 310-0000 and then (780) 415-6039.