

Name of Non-Resident Owner (PRINT)	Telephone Number (     )
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Address of Non-Resident Owner

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**I declare that:**

The principal residence requiring wheelchair modification, with the assistance of a grant from RAMP, is located at:

1. \_\_\_\_\_

2. I am a co-owner of the above property with the following person(s):

_____	_____
Name of Resident Co-owner (PRINT)	Name of Resident Co-owner (PRINT)

3. I direct and authorize:

\_\_\_\_\_, to act on my behalf in all matters relating to RAMP.  
Name of Authorized Person (PRINT)

Signature of Non-Resident Owner	Signature of Witness	Date
Signature of Non-Resident Owner	Signature of Witness	Date
Signature of Non-Resident Owner	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**

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.