



OFFICE OF HOUSING

[www.alexandriava.gov](http://www.alexandriava.gov)

421 King Street, Suite 215  
Alexandria, Virginia 22314

Phone (703) 746-4990  
Fax (703) 838-4309  
Hearing Impaired (703) 838-5056

**RENTAL ACCESSIBILITY MODIFICATION PROGRAM**

The purpose of the Rental Accessibility Modification Program (RAMP) is to provide grant funds for accessibility improvements to rental housing units located within the City of Alexandria which is occupied by families or individuals with incomes at or below the maximum limits of the federal Section 8 Program, by family size, with at least one household member who has a disability.

Rental property occupied by individuals or families receiving assistance under this program must be located within the corporate limits of the City of Alexandria and may include single-family detached, semi-detached, duplex, row house or apartment; under fee simple, condominium or cooperative forms of ownership. The maximum assistance amount under the RAMP is \$50,000. A separate component of the RAMP establishes a “mini-grant”, under which applicant households needing limited modifications (for example, installation of bathroom grab bars or specialized fixtures) may request a grant of up to \$1,500, based on a privately provided written estimate of the work to be performed. Under this component, the City will make direct payments to the vendor providing the modification.

Each applicant must complete the attached Rental Accessibility Modification Program application. Income and Asset information must be provide by all residents of the rental unit to be improved under the Rental Accessibility Modification Program.

**Please submit copies of:**

**Enclosed**  
(Check Here)

- 1. Last two years Federal Income Tax Returns \_\_\_\_\_
- 2. Retirement and Disability Income Statements:  
(Social Security; SSI, Civic Service Annuity Statements, etc.) \_\_\_\_\_
- 3. Employment Income Verification Forms:  
(Signed employment verification form and last two pay stubs.) \_\_\_\_\_
- 4. Medical Statement Addressing Nature of Disability \_\_\_\_\_
- 5. Client Authorization for Counseling Agency  
(Form Attached) \_\_\_\_\_



## City of Alexandria, Virginia

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421 King Street, Suite 215  
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### RENTAL ACCESSIBILITY MODIFICATION PROGRAM (RAMP) APPLICATION

APPLICANT (Head of Household)	CO-APPLICANT (or Spouse)
Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
Phone:           Personal (Home/Mobile): Work:	Phone:           Personal (Home/Mobile): Work:
Email Address:	Email Address:
Other Known Names:	Other Known Names:
Marital Status:	Marital Status:
Sex: M / F / Non-Binary   Handicapped: Y / N	Sex: M / F / Non-Binary   Handicapped: Y / N

#### HOUSEHOLD COMPOSITION: List *all* persons who live in your home, including the head of household.

Name	Social Security Number	M/F/NB	Relationship to Applicant	Date of Birth	Student Y/N	Employed Y/N
			Head of Household			

**EMPLOYMENT INFORMATION:**Applicant *Name and Address of Employer:*Co-Applicant *Name and Address of Employer:**Years worked:**Years worked:***TOTAL HOUSEHOLD MONTHLY INCOME:**

SOURCE:	APPLICANT	CO-APPLICANT	OTHER	TOTAL
Monthly Pay				
Overtime				
Bonuses				
Commissions				
Dividends/Interest				
Social Security				
Pensions				
Alimony				
Child Support				
Rental Income				
Retirement				
Unemployment				
General Relief				
Other				
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**ASSETS:**

SOURCE:	APPLICANT	CO-APPLICANT	OTHER	TOTAL VALUE
Checking Account				
Savings Account				
Cash on Hand				
Stocks, Bonds,				
Real Estate Owned				
Other Assets				
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Have you sold any real estate in the last two years?

Yes / No

If yes, what was the value? \$ \_\_\_\_\_

And the profit? \$ \_\_\_\_\_

Have you sold any stocks, bonds or other assets in the last two years?

Yes / No

If yes, what was the value? \$ \_\_\_\_\_

And the profit? \$ \_\_\_\_\_

**What are the handicapped accessibility improvements that you would like done in your unit?**

**ETHNICITY and RACE (BORROWER) - (Answer both A and B)**

**A. Ethnicity: (select only one)**

- Hispanic or Latino
- Not Hispanic or Latino

**B. Race: (select more than one, if applicable)**

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Multi-Racial

**ALL ADULT MEMBERS OF THIS HOUSEHOLD MUST SIGN BELOW CERTIFYING THE ABOVE INFORMATION PERTAINING TO THEM IS TRUE AND CORRECT.**

The applicant(s) certify that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a City of Alexandria Rental Accessibility Modification Program grant and is true and complete to the best of the applicant's knowledge and belief. The applicant(s) also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the City of Alexandria Office of Housing **IN WRITING IMMEDIATELY.**

The applicant(s) acknowledge that this application is a request for a City of Alexandria Rental Accessibility Modification Program grant. It does NOT constitute approval or acceptance by the ALEXANDRIA OFFICE OF HOUSING and its agents.

**WARNING**

**ANY FALSE STATEMENT CONCERNING FINANCIAL CONDITION IN THE ABOVE APPLICATION IS A CRIME UNDER THE PROVISIONS OF THE CODE OF VIRGINIA, OR UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE, WHICHEVER IS APPLICABLE BASED ON THE SOURCE OF FUNDING INVOLVED.**

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
Signature of Spouse/Co-Applicant                      Date

\_\_\_\_\_  
Signature of Other Adult                      Date

\_\_\_\_\_  
Signature of Other Adult                      Date

**Return Completed Package to:**

Rental Accessibility Modification Program (RAMP), Office of Housing, 421 King Street, Suite 215, Alexandria, Virginia 22314



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**RENTAL ACCESSIBILITY MODIFICATION PROGRAM**  
**Client Authorization for Counseling Agency**

I/We would like to participate in the Rental Accessibility Modifications Program with the City of Alexandria, Office of Housing to help me/us make improvements to my/our primary residence. I/We understand that the Program Staff may discuss with me/us information about my/our credit history, financial situation, employment, and other family matters.

I/We also understand that it may be necessary for Program Staff to request, receive and discuss information about our credit history, financial situation, employment or other family matters with representatives of other firms or agencies as is necessary to determine my/our eligibility for assistance under the City of Alexandria's Rental Accessibility Modifications Program

I/We understand that these are necessary procedures for the Program Staff to assist us with our housing problems. I/We also understand that information about our personal circumstances will be treated as totally confidential and that NO information about us will be accessible to any party who is not directly involved in our situation.

I/We authorize the Program Staff of the Alexandria Office of Housing to discuss with us any information related to our personal circumstances as may be necessary to help us secure assistance from the Rental Accessibility Modifications Program to improve our housing.

I/We authorize the Program Staff for the Alexandria Office of Housing to obtain and release credit, financial, employment, and other information from/to other agencies or firms as may be essential to the solving of our housing problem.

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**Signature of Head of Household**

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**Date**

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**Signature of Spouse/Co-Applicant**

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**Date**