Application

Handicap Access Ramps program

Dear applicant: Please complete this application truthfully, completely and accurately. All information you include on this application will be maintained in accordance with our privacy policy.

Applicant Name(s): _____

Home phone: _____

Cell Phone: _____

Present Address: (street)_____

(city) _____

(zip code)_____

Do you own your home? _____
If you do not own your home, your landlord will need to approve our installation.
Name and address of landlord._____

_____

Please mail this application with a copy of your most recent tax return to

McPherson Area Habitat for Humanity
P O Box 1281
McPherson, KS 67460

For more information contact fredbohnenblust@gmail.com or 620-755-7110