



**ONCE YOU HAVE
COMPLETED ALL FORMS AND
GATHERED ALL
INFORMATION CALL
904-630-4940 FOR AN
APPOINTMENT.**

**YOU MAY ALSO MAIL YOUR
DOCUMENTS TO:**

**DISABLED SERVICES DIVISION
117 WEST DUVAL ST. #205
JACKSONVILLE, FL 32202**

**OR FAX:
904-630-3476**

Instructions: Please complete the application, providing as much information as possible to assist in the pre-screening of eligibility for your client. **Please Print**

Marital Status (Check One): _____ Married _____ Single _____ Separated
 _____ Divorced _____ Widow _____ Unmarried Couple

[illegible]

Reason for seeking assistance? (State what happen or changed to cause the current need for emergency financial assistance.) _____

Does your current situation involve:

_____ Court Ordered Eviction Notice
 _____ Foreclosure Notice
 _____ Electricity Shut Off By JEA
 _____ Seeking Deposit/Forced to Relocate
 _____ Eviction Letter from Landlord
 _____ Delinquent Mortgage Payment
 _____ Natural Gas Shut Off
 _____ Other: _____

Amount Owed: \$ _____ Minimum amount needed \$ _____

Have you ever applied for assistance through this Division? _____ If yes, When? _____

Under what Name? _____ Are you currently Employed? _____ Yes _____ No

Are you physically capable of working? _____ Yes _____ No Place of Employment: _____

Have you ever served in the Armed Forces _____ Yes _____ No If yes, What Branch? _____

Sources of Household Income

Income Source	Gross Income	How Often Received?	Who Receives Benefits?
Employment			
Employment			
Employment			
Social Security			
Social Security Disability			
Social Security Supplemental			
Child Support			
Food Stamps			
VA Military Benefits			
Tax Refund			
Other			
Other			

The Information given on this form is true to the best of my knowledge.

Print Name

Signature

Date



Disabled Services Wheelchair Ramp Assistance Checklist

- **Please gather all documents on the checklist below, and contact our office for an appointment within 10 business days.**
- ☐ 1. Bring in one form of Identification on all household members. (Examples include: birth certificates, report cards for children, Driver's License, State of Florida Identification)
 - ☐ 2. Bring in: Social Security Card or something official with the number on it.
 - ☐ 3. Bring in: Proof of Income for all household members. (Examples include: copy of check stubs, W-4 Forms, SSI, VA, award letter verifying Social Security; retirement income, Department of Children and Families Income, Unemployment Compensation Status, Child Support, Income Tax Refund, etc.)
 - ☐ 4. Bring in: Proof of household expenses. (Examples include: Electric/Water/Gas Bills; rent or mortgage payment; car payment, and / receipts from any bills paid that will give a clear picture of financial obligation.)
 - ☐ 5. Bring in: Poof of home ownership. (Examples include: mortgage statement, deed, or property taxes.)
 - ☐ 6. Bring in: Completed and signed application.
 - ☐ 7. Bring in: Hold Harmless Agreement, signed and notarized by occupant(s) and property owner(s) (if not the same).*

*Any individual with interest in the property must sign the Waiver of Liability.

Updated 02/2011

DISABLED SERVICES DIVISION

PARKS, RECREATION, AND COMMUNITY SERVICES DEPARTMENT



Complete Only if you have:
NO Income or NO Verification of Income.
Form Must Be Notarized.

Office of Disabled Services
117 West Duval Street, Suite 205
Jacksonville, FL 32202
(904) 630-4940
(904) 630-3476

Income Verification Form

Date: _____

Name: _____ Social Security Number: _____
Last First

To Whom It May Concern:

I _____ receive income (s) from _____ in the amount of
\$ _____.

I hereby swear or affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. (If you purposely give false or misleading information, your application for services will be denied.)

Print Name: _____ Signature: _____ Date: _____

State of _____}

County of _____}

On the ____ day of _____, 20____, before me personally appeared _____, who
acknowledged that he/she, signed the foregoing instrument for the purpose contained therein.

[SEAL]

(Signature of Notary)

Personally Know []

Type of ID and Number _____

DISABLED SERVICES DIVISION



**Wheelchair Ramp Program
Waiver of Liability and Hold Harmless Agreement**

The Disabled Services Division of the City of Jacksonville is working with the private businesses and individuals on a program to meet the demand for wheelchair ramps for low-income citizens (the "Wheelchair Ramp Program").

I hereby authorize private businesses and individuals participating in the Wheelchair Ramp Program to provide the labor for constructing the wheelchair ramp for my home. In consideration for receiving said wheelchair ramp for my home, I hereby forever release and hold harmless the City of Jacksonville and all private businesses and individuals participating in the Wheelchair Ramp Program, and any of their employees, members, officials, officers and agents, from any liabilities and claims for damages, death, personal injury, loss of property or property damage I may have or that may subsequently accrue to me, my spouse, my family, my heirs, executors, administrators, personal representatives, assigns, relatives or invitees, relating to the the construction or use of the wheelchair ramp for my home.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE.

By signing below, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement. Further, I am voluntarily signing this document and I am not relying on any oral representations, statements, or inducements. I am at least eighteen (18) years of age and fully competent. I execute this document fully intending to be bound by same.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Witnessed By: _____ Signature: _____ Date: _____
(Print Name)

State of _____ }

County of _____ }

On the ____ day of _____, 20____, before me personally appeared _____,
who acknowledged that he/she signed the foregoing instrument for the purpose contained therein.

[SEAL]

(Signature of Notary)

Personally Known [☐] Identification Provided [☐]

Type of ID and Number _____

DISABLED SERVICES DIVISION

PARKS, RECREATION, AND COMMUNITY SERVICES DEPARTMENT



Wheelchair Ramp Program
Waiver of Liability and Hold Harmless Agreement (Land Lord if one)

The Disabled Services Division of the City of Jacksonville is working with the private businesses and individuals on a program to meet the demand for wheelchair ramps for low-income citizens (the "Wheelchair Ramp Program").

I hereby authorize private businesses and individuals participating in the Wheelchair Ramp Program to provide the labor for constructing the wheelchair ramp for my home. In consideration for receiving said wheelchair ramp for my home, I hereby forever release and hold harmless the City of Jacksonville and all private businesses and individuals participating in the Wheelchair Ramp Program, and any of their employees, members, officials, officers and agents, from any liabilities and claims for damages, death, personal injury, loss of property or property damage I may have or that may subsequently accrue to me, my spouse, my family, my heirs, executors, administrators, personal representatives, assigns, relatives or invitees, relating to the the construction or use of the wheelchair ramp for my home.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE.

By signing below, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement. Further, I am voluntarily signing this document and I am not relying on any oral representations, statements, or inducements. I am at least eighteen (18) years of age and fully competent. I execute this document fully intending to be bound by same.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Witnessed By: _____ Signature: _____ Date: _____
(Print Name)

State of _____ }

County of _____ }

On the ____ day of _____, 20____, before me personally appeared _____,
who acknowledged that he/she signed the foregoing instrument for the purpose contained therein.

[SEAL]

(Signature of Notary)

Personally Known [☐] Identification Provided [☐]

Type of ID and Number _____

DISABLED SERVICES DIVISION

117 W. Duval Street, Suite 205 | Jacksonville, FL 32202 | Phone: 904.630.4940 | Fax: 904.630.3476 | TTY: 904.630.4933 |
www.jaxada.com

PARKS, RECREATION, AND COMMUNITY SERVICES DEPARTMENT



Staff intake area:

Staff Name _____

Client Name _____

Date Application

Mailed _____

Phone Number _____

Appointment Date _____

Application Recheck Dates:

(First -call) One Month _____

(Second- call) One Week _____

(Third- letter) One Week _____

Sent to Inactive _____

Approval Letter Sent Date _____

Notes _____

Updated 04/17/2012-LS

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