



**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**



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

**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 \_\_\_\_\_



**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 \_\_\_\_\_

**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.

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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 \_\_\_\_\_

**PARKS, RECREATION, AND COMMUNITY SERVICES DEPARTMENT**



Customer Over 60?

Y ( ) N ( )

**Staff intake area:**

Staff Name _____	_____
	Client Name
Date Application Mailed _____	_____
	Phone Number
Appointment Date _____	
<b>Application Recheck Dates:</b>	
(First -call)      One Month	_____
(Second- call)    One Week	_____
(Third- letter)    One Week	_____
<b>Sent to Inactive</b>	_____
<b>Approval Letter Sent Date</b>	_____
Notes _____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

Updated 04/17/2012-LS