



Dear Homeowner,

Enclosed is an application for our wheelchair ramps.

The Lee BIA Builders Care is a non-profit construction company providing services to elderly and/or disabled individuals with the greatest and most immediate emergency needs.

Candidates must meet the following criteria to be considered:

- a) Unable to obtain ramp through personal resources
- b) Need a wheelchair ramp for health and/or safety
- c) Own your home (not rent).
- d) Live full time in your home.

If you meet the criteria above, please complete the application and mail it to the address on the form. Please note that submitting an application does not obligate The Lee BIA Builders Care to provide assistance. Our review committee will evaluate your application to determine when or if we will be able to assist you.

Thank you for your support of Builders Care.

Sincerely,

Heidi L. Davis, Executive Director
Lee BIA Builders Care

Builders Care is a 501 c3 non-profit organization and a part of Lee Building Industry Association.

4210 Metro Parkway, Suite 100. Fort Myers, Florida 33916 (239) 938-0056 www.LeeBuildersCare.org



Builders Care is the non-profit charitable arm of the Lee Building Industry Association. Its objective is to provide emergency repairs and construction services to elderly, disabled and economically disadvantaged people who are unable to obtain home repairs through traditional means. Builder's Care enlists the volunteer services of Association members and leverages grants and donated materials to provide construction and remodeling services to qualified homeowners throughout Lee County.

Application for Wheelchair Ramp Only

Information on this application may be subject to verification upon Builders Care discretion.
(Please Print)

Date _____		
Name _____		
Last	First	Middle Initial
Home phone (____) _____		Cell phone (____) _____
Birth Date ____ / ____ / ____		Social Security # ____ - ____ - ____
Driver's License # _____		From what state? _____
Address _____		
How long owned? _____		Do you have homeowners insurance? _____
Most Recent Assessed Value _____		Year _____

Mortgage payment? \$ _____	Mortgage balance? \$ _____
Other monthly payments such as car payments, credit cards, etc.? _____	
Your monthly income and source? \$ _____	
How many people in household? _____ Their ages? _____	
Do they work? _____ Their monthly income total \$ _____	
Investments? i.e. IRAs, 401k, stocks, bonds, mutual funds (if applicable) \$ _____	

Comments on needed repairs: _____ _____
Please list other organizations or agencies from which you have requested assistance. _____ _____

How did you hear about Builders Care? _____

I affirm that the information submitted by me in this application is true and accurate to the best of my knowledge. I understand that my submitting this application in no way guarantees, commits or otherwise obligates the Lee BIA Builders Care to consider me for emergency repair or construction services.

Signature

Date

Street Address

City, State ZIP

*Please complete and mail this application and any attachments to:
Lee BIA Builders Care, Inc
4210 Metro Parkway, Suite 100
Fort Myers, FL 33916*