



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 Taulman, Executive Director
Lee BIA Builders Care

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

10501 Six Mile Cypress Parkway, Suite 104. Fort Myers, Florida 33966
(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
10501 Six Mile Cypress Parkway, Suite 104
Fort Myers, FL 33966*



Photo Consent and Release Form

I, _____, authorize Lee Building Industry Association Builders Care, Inc. to obtain photographs, video, audio and render artwork of myself, _____, and my family, _____, before, during and after the renovation of my home at _____.

I also authorize the use of such information for promotional materials including but not limited to newsletters, Web pages, brochures, videos and PowerPoint presentations and waive any claim on my part pertaining to obtaining and use of this information.

I consent that such photographs, video, audio, and rendered artwork shall be the property of Lee Building Industry Association Builders Care, Inc, and that they shall have the right to duplicate, reproduce and make other uses of such information.

I understand that Lee Building Industry Association Builders Care, Inc. may at its sole discretion make available to me photographs, audio, video or rendered artwork following completion of renovation services to my home.

I hereby release Lee Building Industry Association Builders Care, Inc., its staff and board members, Lee Building Industry Association, Inc. and the project contracting companies from any and all liabilities and waive all claims against them.

Signature Date

Printed Name

Address

Witness Date



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I (We), _____, hereby authorize the Lee Building Industry Association Builders Care, Inc. or its designated agents to obtain and receive all records and information pertaining to eligibility for the emergency housing repairs program, including homeownership, employment, income (including IRS returns), Medicaid screening, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the Lee Building Industry Association Builders Care, Inc. the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (We) also agree to allow the Lee Building Industry Association Builders Care, Inc. to release any and all information necessary (including, but not limited to income and credit information) to banks and/or mortgage companies or any other Federal or State government agencies to help assist me(us) in obtaining repair services to my home. I(We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by or to the Lee Building Industry Association Builders Care, Inc. for purposes of this program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

Applicant's signature

Date

Printed name

Address

Co-applicant's signature (if applicable)

Date

Printed name

Address

Witness #1 signature

Date

Witness #1 address

Witness #1 phone

Witness #2 signature

Date

Witness #2 address

Witness #2 phone