



# KIOWA TRIBE

## Social Services Program

806 Wynan Court, Anadarko, OK 73005

(580) 654-6362 FAX: (405) 648-7078

### Application for Individual Handicap Ramps

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ (If you live in a rural area, list your physical address) \_\_\_\_\_
3. Do you own your home? \_\_\_\_\_ (Must provide proof of ownership)
4. How many years have you occupied the dwelling? \_\_\_\_\_
5. House Age \_\_\_\_\_ years.
6. Please provide a copy of a recent utility bill (electric, gas, or other)  
(Copy Attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

House Type	Single Family	Multi-Family
Wood Frame		
Masonry (Brick, Stone)		
Mobile Home/Trailer		

7. Number of elderly handicap individuals who occupy the residence. \_\_\_\_\_

#### AUTHORIZATION:

I, \_\_\_\_\_ CERTIFY THAT I AM THE OWNER OF THE DWELLING UNIT  
LOCATED AT \_\_\_\_\_ WHICH I AM REQUESTING A HANDICAP RAMP.

#### FOR OFFICE USE ONLY:

\_\_\_\_\_  
Social Services Director

\_\_\_\_\_  
Date

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_