Porter County Aging & Community Services, Inc.

1005 Campbell Street, Valparaiso, IN 46385
(219) 464-9736 fax (219) 462-6993
bhlindner@portercountyacs.org

“Access Ramp Letter of Approval by Landlord or Property Owner”

Prior to PCACS scheduling your home or apartment for an access ramp, we need the application signed by your landlord or you if you are the home owner.

You can mail, email, fax, or drop it off at the office at 1005 Campbell Street in Valparaiso.

Thank You,

Bruce Lindner
Executive Director
Porter County Aging & Community Services, Inc.

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Access Ramp Application

Name__________________________________________

Address________________________________________

Phone__________________________________________

Date of Birth________________________ (must be over 60 or disabled)

Are you the owner of this property? __________________________

How long have you lived at this location? __________________________

How many people live at this location? __________________________

What is the monthly income from all sources? __________________________

Do you have unusually large medical expenses? __________________________

    If yes how much per month? __________________________

What is the need for a ramp? __________________________

Can you help pay for part of the ramp project? __________________________

    If yes how much? __________________________

Date this information was provided __________________________

Signed__________________________________________

Signature of Landlord (if applicable)__________________________
I (__________________________) release, and agree to indemnify and hold harmless, Porter County Aging & Community Services, Inc., its officers, directors, employees, agents, contractors, and representatives from all losses, claims, suits, causes of actions, judgments, and expenses (including reasonable attorney fees actually incurred) arising from or in any way related to the design and construction of, and use by me (or the use by the person residing at my real estate), of the access ramp described below.

This is a release:

Person receiving the service________________________________________________________

Phone number______________________________________________________________

Property Owner_______________________________________________________________

Phone number______________________________________________________________

Address of ramp installation_______________________________________________________

City, state, zip_______________________________________________________________

Date______________________________________________________________