

## Residential Access Modification Program Grant Application Package

This package contains the RAMP grant application form and additional documents. Please refer to the Grant Application Checklist, on the next page, to see which documents should be submitted with the application. Failure to include all required documents will impact the time frame to determine your eligibility for a grant as incomplete applications may have to be returned.

Additional information on RAMP is contained in the Guidelines and Criteria document available on the website to view or download.

RAMP website: <http://www.humanservices.alberta.ca/ramp>

Return the completed forms to:	
Mail Address:  RAMP Community and Social Services PO Box 808 Edmonton Main Edmonton AB T5J 2L4	Email:  <a href="mailto:css.ramp@gov.ab.ca">css.ramp@gov.ab.ca</a>

For additional information please contact the RAMP office:

Email: [css.ramp@gov.ab.ca](mailto:css.ramp@gov.ab.ca)

Telephone: 1-877-427-5760 or 780-427-5760 (Edmonton area).

**Please complete and attach with RAMP Application**

<b>All Applicants <i>must</i> provide the following:</b>	<b>Yes</b>	<b>Comments</b>
Completed and signed <b>RAMP Grant Application</b> Form	<input type="checkbox"/>	
Completed and signed <b>Modification Recommendation</b> Form	<input type="checkbox"/>	Must be completed by an occupational therapist, physiotherapist or other rehabilitation professional. To find one ask your doctor's office, call 811, or visit <a href="http://www.albertahealthservices.ca">www.albertahealthservices.ca</a> .
<b>Two</b> itemized quotes for the recommended modification	<input type="checkbox"/>	Quotes must be based on a site visit.
Photos of the project area before modification	<input type="checkbox"/>	Submitted in electronic format or hard copy only.
Applicant's current Canada Revenue Agency Notice of Assessment	<input type="checkbox"/>	
Current Property Tax Assessment with legal land description	<input type="checkbox"/>	

<b>Applicants <i>must</i> provide the following <i>as applicable</i>:</b>	<b>Yes</b>	<b>Comments</b>
Current Canada Revenue Agency Notice of Assessment for Spouse/Partner	<input type="checkbox"/>	
Birth Certificates for children under the age of 21 living at home and attending school full-time	<input type="checkbox"/>	
Renters/tenants only: Copy of Lease/Rental Agreement or statement of monthly household contributions	<input type="checkbox"/>	
Renters/tenants only: <b>Landlord Property Modification Agreement</b> Form	<input type="checkbox"/>	This form must be completed by the Landlord/Property Owner.
Condo owners, condo renters/tenants only: Condo Association Approval Letter	<input type="checkbox"/>	
Applicants living on a reserve only: <b>Band Council Resolution</b> Form.	<input type="checkbox"/>	
Applicants living on a Metis Settlement only: Metis Land Title	<input type="checkbox"/>	
Applicants living in a mobile home only: Mobile Home Bill of Sale or copy of the insurance policy	<input type="checkbox"/>	
All necessary Building Permits	<input type="checkbox"/>	Applicants are responsible for all necessary permits.
Guardianship, Agent for Personal Directive, Enduring Power of Attorney, or Trustee documents	<input type="checkbox"/>	
Sponsored Immigrants only: <b>Sponsor's Income Verification</b> Form	<input type="checkbox"/>	

**Original documents will not be returned. Please send copies only.**

## Residential Access Modification Program (RAMP)

Community and Social Services

The personal information you provide on this form and attachments is collected under the authority and management of the *Government Organization Act* and the *Freedom of Information and Protection of Privacy Act*. The information you provide will be used for the purpose of administering the Residential Access Modification Program and to determine and verify your eligibility for a grant, audit, and evaluation. If you have any questions about the collection of your personal information, please contact the Residential Access Modification Program (RAMP), Alberta Community and Social Services, Telephone 780-427-5760 (Edmonton) or toll free within Alberta 1-877-427-5760. Email: [css.ramp@gov.ab.ca](mailto:css.ramp@gov.ab.ca). Mail: PO Box 808 Edmonton Main, Edmonton AB T5J 2L4.

☐ **Currently in hospital waiting discharge** ☐ **Palliative**

Hospital Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Referred by: \_\_\_\_\_

### 1. Applicant Information (including parent/guardian of a minor child requiring home modification)

First Name (legal):		Last Name (legal):	
Address:			
City/Town/Municipality:		Postal Code:	Daytime Phone Number:
Mailing Address, if different from above:			Date of Birth:
How long have you lived at this address? _____ Years and _____ Months			
Email Address:			
Personal Health Number:			
I am a Canadian Citizen <b>or</b> a Permanent Resident under <i>Immigration and Refugee Protection Act</i> (Canada)			
<input type="checkbox"/> Yes <input type="checkbox"/> No (Sponsored Immigrants must attach the Sponsors' Income Verification Form)			

### 2. If Applicable, Information on Spouse/Partner

First Name (legal):		Last Name (legal):	
Daytime Phone Number:		Date of Birth:	
Email Address:			
Personal Health Number:			
Did your marital status change in the current or previous year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### 3. If Applicable, information on child under 18 years of age requiring home modification

Child's First Name (legal):		Child's Last Name (legal):	
Address:			
City/Town/Municipality:		Province: Alberta	
Postal Code:		Date of Birth:	

*For detailed program information please refer to the RAMP Guidelines and Criteria.*

#### 4. Family Income Information

Applicant's Current Annual Gross Income is  
(Line 150 – Canada Revenue Notice of Assessment)  
\$ \_\_\_\_\_

Applicant's Spouse/Partner's Gross Income is  
(Line 150 – Canada Revenue Notice of Assessment),  
if applicable, \$ \_\_\_\_\_

For applicants who cannot provide a Notice of Assessment, or have a Notice of Assessment showing \$0 income or whose income has varied significantly, RAMP may accept alternative documents to verify income. This could apply to applicants receiving income from sources such as insurance benefits, employment insurance, new applicants to AISH or income support. Please contact RAMP for additional information.

#### 5. Family Composition and Information on RAMP Income Maximums

Number of children under the age of 18 (or under the age of 21 living at home and attending school on a full-time basis): \_\_\_\_\_

#### 6. To determine your income threshold please check the box that corresponds to your family size.

Family Size		Maximum Income	Family Size		Maximum Income
<input type="checkbox"/>	Single Adult	\$36,900	<input type="checkbox"/>	Couple, no children	\$46,500
<input type="checkbox"/>	Single Adult, 1 child	\$46,500	<input type="checkbox"/>	Couple, 1 child	\$56,100
<input type="checkbox"/>	2 children	\$56,100	<input type="checkbox"/>	2 children	\$65,700
<input type="checkbox"/>	3 children	\$65,700	<input type="checkbox"/>	3 children	\$75,300
<input type="checkbox"/>	4 children	\$75,300	<input type="checkbox"/>	4 children	\$84,900
<input type="checkbox"/>	5 children	\$84,900	<input type="checkbox"/>	5 children	\$94,500
<input type="checkbox"/> Child in a wheelchair; additional \$7,131 income allowance					

#### 7. To Be Completed for Projects Exceeding RAMP Maximum Grant Only (\$7500)

Additional funding will be provided by \_\_\_\_\_

OR, list any other programs you applied to for funding this modification for this residence.

Program Name(s): \_\_\_\_\_

Amount of funding requested from these sources: \$ \_\_\_\_\_

#### 8. Applicant Mobility Situation

☐ I am a permanent wheelchair user **or**

☐ I am over 65 years of age and use a walker **or**

☐ I am an individual living with a neuro degenerative disease in the progressive stage including:

ALS	<input type="checkbox"/>
COPD	<input type="checkbox"/>
Dementia	<input type="checkbox"/>

Multiple Sclerosis	<input type="checkbox"/>
Muscular Dystrophy	<input type="checkbox"/>
Parkinson's	<input type="checkbox"/>

Spina Bifida	<input type="checkbox"/>
Spinal Cord Injury	<input type="checkbox"/>
Non-Recovering Stroke	<input type="checkbox"/>

Other: \_\_\_\_\_

## 9. Modification Information

State the recommended modification:

Provide a sketch of the room/area showing the recommended accessibility modifications (contractor sketches may be submitted):

Provide “before” photographs of the area to be modified. Photos must be submitted in electronic format or hard copy by mail.

Provide two itemized quotes from professional contractors for the recommended home modification.

## 10. Information on Ownership of Residence to Be Modified

### Homeowners

- ☐ I am the homeowner. Please note: RAMP may request additional information if the owner does not have a clear title to the property.
- ☐ I live in a condominium (Provide Approval Letter from your condominium association)
- ☐ I live in a Mobile Home (Provide a Copy of the Insurance Policy or Bill of Sale)

Mobile Home Serial Number:	
Mobile Home Year:	Mobile Home Make:
Mobile Home Model:	

OR

## 11. Renters and Tenants

- ☐ I am a renter and have attached a completed Landlord Property Modification Approval
- ☐ I live on Reserve and have attached a completed Band Council Resolution
- ☐ I live on a Metis Settlement and have attached a completed Metis Land Title
- ☐ I live with my family and have attached a completed Landlord Property Modification Approval
- ☐ I live in a group home and have attached a completed Landlord Property Modification Approval

## 12. If Applicable – Contact Person for this Application:

Only complete if the Applicant wishes someone else to provide information on their behalf to RAMP. I authorize RAMP to contact the following individual(s), acting on my behalf, for information needed for this application.

### Contact Person Information

1	First Name:	Last Name:	
	Daytime Phone Number:	Email Address:	Relationship to applicant:
2	First Name:	Last Name:	
	Daytime Phone Number:	Email Address:	Relationship to applicant:

## 12. Terms and Conditions of Grant

**IN THE EVENT the Applicant's application for a grant is approved,** the Applicant agrees to the following terms and conditions for RAMP funding:

1. The grant is approved for the sole purpose of helping eligible Applicants modify their property or the property they live in to be wheelchair accessible.
2. I acknowledge and agree that the grant may be paid directly to a third party selected by the Applicant to perform the necessary work for modifications to the applicable property and such payment shall constitute full payment of the grant. I shall have no claim against Her Majesty the Queen in right of Alberta as represented by the Minister of Community and Social Services (the Province) for further grant funding if payment is made to the third party.
3. Where the grant is paid directly to a third party, I acknowledge and agree that the services and supports provided by the third party shall constitute full payment of the grant and that I shall have no claim against the Province for the provision of such services and supports. I will be liable for the full amount of the grant and will be bound by the terms of this agreement, notwithstanding payment of the grant is made to a third party and the subsequent use of the grant by that third party.
4. The Province makes no assurances as to the quality and fitness of the work performed by the third party.
5. I shall indemnify and hold harmless the Province, the Province's employees, contractors, agents or volunteers from any and all claims, demands, actions and costs whatsoever that may arise, directly or indirectly, out of any act or omission committed by me or my employees, contractors, agents or volunteers with respect to carrying out the purposes of this agreement. This provision shall survive this agreement.
6. I will provide the Province with any information, and/or give my consent to the Province to access any person, charitable organization (private or public), federal body, provincial body, medical doctor, medical institution, occupational therapist, physical therapist, social worker, group home management, property owners, or any other person for the purpose of assessing this application.
7. I will provide the Province with any information and/or give my consent to the Province to access counties, municipalities, municipal districts, Native Bands, Metis Settlements, hamlets, summer villages, towns and/or cities, or any other appropriate body in Alberta for the purpose of obtaining information on property assessments and legal descriptions.
8. I will provide the Province with any information and/or give my consent to the Canada Revenue Agency (CRA) to provide the Province with relevant information from my tax file for the sole purpose of determining and verifying eligibility for benefits, administering or enforcing RAMP. I can withdraw my consent for the CRA to provide the Province with information for RAMP at any time by writing to the Province.
9. I am responsible for ensuring that all modifications are completed in accordance with any permits, building codes, standards and RAMP guidelines, and any other applicable laws.
10. I am responsible for ensuring that all applicable permits and approvals are obtained prior to any work being performed.

11. I am responsible for providing the Province the serial numbers for all pre-owned wheelchair lifts being installed on the property prior to purchase or installation of the lift. The Province will not advance funds for a pre-owned wheelchair lift until the serial number is provided and approved.
12. This grant may not be used to pay the value of my own labour, or the labour of any member of my household.
13. All modifications must:
- (a) be completed no later than 90 days after the date of the approval letter from the Province. Copies of paid invoices and/or receipts in support of the approved use of the grant and photographs of the completed project must be provided to the Province following the completion of the modifications; or
  - (b) have been completed no more than 90 days prior to receipt of this application by the Province. Invoices and/or receipts, and photographs of the completed project must be received by the Province with the application.
14. I understand that I may be required to repay a portion or all of the grant funding to the Province in the event any part of the RAMP funding was not used properly.
15. I understand and agree that this application form is not a binding agreement and it only becomes a binding agreement unless and until it is signed by all parties and unless and until it is signed by the Province's authorized official.

**Without the Province's authorized official's signature on this form, this application form remains an application form and does not constitute an agreement between the parties. Additionally, the Province shall in no way be construed as obligated to provide any RAMP supports or services.**

\_\_\_\_\_  
**Print Clearly**-Full Name of Applicant/  
Guardian/Trustee/Enduring Power of  
Attorney

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print Clearly**-Full Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print Clearly**-Full Name of Spouse/  
Partner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print Clearly**-Full Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Signatures – this form must be signed in ink before it can be processed.**

Return this completed form, checklist and required documents to:	
<b>Mail:</b> RAMP Community and Social Services PO Box 808 Edmonton Main Edmonton AB T5J 2L4	<b>Email:</b> <a href="mailto:css.ramp@gov.ab.ca">css.ramp@gov.ab.ca</a>

Telephone: **1-877-427-5760** or **780-427-5760** (Edmonton area)

## APPROVAL

\_\_\_\_\_  
RAMP Authorized Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For detailed program information please refer to the RAMP Guidelines and Criteria.*

This information will be used for the purpose of determining eligibility for a Residential Access Modification Grant. The personal information provided on this form is collected under the *Government Organization Act* and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about completion of this form, please contact the Residential Access Modification Program (RAMP), Telephone 780-427-5760 (Edmonton) or toll free within Alberta 1-877-427-5760. Email: [css.ramp@gov.ab.ca](mailto:css.ramp@gov.ab.ca). Mail: PO Box 808 Edmonton Main, Edmonton AB T5J 2L4.

**This document should be completed by a rehabilitation professional familiar with the mobility needs of the applicant.** All modifications must facilitate access into or movement within the home by the applicant.

**Applicant:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

The Applicant applying to the Residential Access Modification Program (RAMP) is:

- ☐ using a wheelchair on a permanent basis, or
- ☐ 65+ years of age and using a walker on a permanent basis or
- ☐ an individual who has been diagnosed with a neuro degenerative disease in the progressive stage including: ALS, COPD, dementia, multiple sclerosis, muscular dystrophy, Parkinson's disease, spina bifida, spinal cord injury, or non-recovering stroke.

1. Has an in-home assessment been completed by a rehabilitation professional?

Yes: ☐ No: ☐ If no, please explain.

2. Describe the recommended accessibility modification(s).

3. Describe how the modification(s) will address the Applicant's access to and within in the home.

4. What other options were considered in determining the most suitable accessibility modification(s) for the applicant/home?

I certify that the above requested home modification appears to meet the accessibility needs of the Applicant and that the Applicant meets the medical/mobility guidelines for RAMP.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional designation: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please refer to the *Barrier Free Design Guide* when completing or reviewing this modification request.



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This form is to be submitted with the RAMP grant application if the applicant is a Tenant.  
(someone who is paying rent on a monthly basis or contributing to household expenses on a monthly basis).

I, \_\_\_\_\_,  
Co-op/Colony Manager/Landlord and/or Property Owner/Mobile Park Management; Business/Colony/Co-op Name

of \_\_\_\_\_  
Address City/Town/Municipality Postal Code

Daytime Phone Number

Email Address

acknowledge and agree to the following terms and conditions:

1. I/we own the property located at

Address

City/Town/Municipality

Postal Code

(the Property), which the applicant \_\_\_\_\_,  
Applicant Name

is currently renting and living on the Property.

Indicate your relationship to Applicant: \_\_\_\_\_.

### Modifications

2. I/we consent to the following property modification(s) to be performed on the Property as part of the Applicant's RAMP current grant application for accessibility: **(List the modification type you are approving on the line below).**

Proposed Modification (Print Clearly)

3. I/we understand that the Ministry of Community and Social Services must further approve any variances to the original Modification Request before being carried out.
4. I/we, or a contractor/vendor that I/we hire/appoint, or the Applicant hires that I/we consent to, will perform the modifications on the Property.
5. I/we understand that any modifications to the Property performed under RAMP must be done in compliance with all applicable municipal and provincial building codes and standards.

6. I/we understand that all the modifications are to be done to the Property as outlined in the Applicant's RAMP grant application are to be completed on or before the date stated in the approval letter.
7. I/we understand that the modifications are of a permanent nature, and in the event that the Applicant vacates the Property, the modifications are to remain and become my property. The Ministry of Community and Social Services will not pay or arrange to have these modifications moved.
8. I/we understand that if it is agreed that the modifications can be removed by the tenant, and if the tenant moves to another location; the tenant may remove the modifications (e.g. exterior porch lift, interior or exterior stair lift, exterior modular wheelchair ramp and landing).
9. If I/we continue to rent to this or a future tenant; or allow a new resident to live in the same house who also required this modification on a regular basis; the equipment/modification will be left in place for the present Applicant or future resident(s) using a wheelchair.

### **RAMP Conditions**

10. I/we understand that the applicant must provide original paid invoices and/or receipts and photographs detailing the modifications performed on the Property to the Ministry of Community and Social Services no later than fourteen (14) days immediately following the completion date of the modifications.
11. I/we understand that RAMP will forward the payment directly to the contractor/vendor or I/we, as the property owner (if I/we perform the work).
12. I/we understand that I/we shall have no recourse against the Ministry of Community and Social Services if the Applicant does not pay for the work, (if the Ministry of Community and Social Services was to pay the Applicant directly) to install the modifications, in the event the Applicant does not pay for any work above Alberta Community and Social Services funding commitment for the project.
13. I/we understand that the Ministry of Community and Social Services makes no assurance as to the quality and fitness of the work performed.
14. I/we understand that I/we am to provide written confirmation as to when the Applicant (applies to rental situations) took residence; term of the Applicant's lease; monthly rent amount; to Alberta Community and Social Services.
15. Alberta Community and Social Services will be given authority to conduct a site visit.
16. I/we understand that the approval given by this agreement is only for the current RAMP grant application and does not apply to any possible future grant requests from RAMP.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
MonthYear

\_\_\_\_\_  
 Print Name Clearly

\_\_\_\_\_  
 Signature of Co-op/Colony Manager/ Landlord and/or Property Owner/  
 Mobile Park Management

\_\_\_\_\_  
 Print Name Clearly

\_\_\_\_\_  
 Signature of Witness

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Name of Band Council: \_\_\_\_\_

Address: \_\_\_\_\_

The Band Council of: \_\_\_\_\_  
(Name of Band)

1. (a) All names shown below are applicants for a grant under the Residential Access Modification Program (RAMP) of Alberta Community and Social Services and are members of this Band.
- (b) The applicants have been granted permission to make adaptations to accommodate the use of a wheelchair/walker in the applicants' home.
- (c) The applicants have lived on the Reserve administered by this Band Council for at least one year immediately prior to the date of this Declaration.
- (d) The applicant or a member of the applicant's home is a full time wheelchair user; or is over 65 years of age and uses a walker; or is an individual living with a neuro degenerative disease in the progressive stage.
- (e) The applicants are permanent residents in the applicant's home at least nine months of each year.

### Applicant

Name	Treaty Number

### Land Description

Meridian	Range	Township	Section	QS	LSD	Plan	Block	Lot

### Spouse/Partner and/or Co-Applicant (Child)

Name	Treaty Number

### Land Description

Meridian	Range	Township	Section	QS	LSD	Plan	Block	Lot

2. Alberta Community and Social Services will be given authority to enter to conduct a site visit.

Name

Number of Reserve

3. For the purposes of RAMP, the Council has designated the following Band Member

Name of Individual

of the

Band and Reserve Number

House Number

to act as Co-ordinator and Resource person in the modifications of the home of the applicants who have received a grant under RAMP.

A Quorum of this Band consists of \_\_\_\_\_ Council Members

\_\_\_\_\_  
Chief

\_\_\_\_\_  
Councillor

\_\_\_\_\_  
Councillor

\_\_\_\_\_  
Councillor

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Councillor

\_\_\_\_\_  
Councillor

\_\_\_\_\_  
Councillor

\_\_\_\_\_  
Date (yyyy-mm-dd)

**Return this completed form to:**

**Mail:**

RAMP  
Community and Social Services  
PO Box 808 Edmonton Main  
Edmonton AB T5J 2L4

**Email:**

[css.ramp@gov.ab.ca](mailto:css.ramp@gov.ab.ca)

Telephone: **1-877-427-5760** or **780-427-5760** (Edmonton area)

Community and Social Services

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The Residential Access Modification Program (RAMP) provides grants to help lower-income Albertans with mobility challenges modify their homes so they can enter and move around more easily. Income is one of the eligibility requirements. The income of sponsors is considered when there is a current Sponsorship Agreement in place. Sponsors must be within the income threshold for an application to be considered from the RAMP Applicant. Additional information may be requested from the Sponsor.

### 1. Sponsor's Information

First Name (legal):	Last Name (legal):	
Address:		
City/Town/Municipality:	Postal Code:	Daytime Phone Number:
Mailing Address, if different from above:		
Email Address:		

### 2. If Applicable, Information on Spouse/Partner

First Name (legal):	Last Name (legal):
Daytime Phone Number:	Email Address:

### 3. Name of the Individual Sponsored:

First Name (legal):	Last Name (legal):
Address:	
City/Town/Municipality:	Province:
Postal Code:	

### 4. Sponsorship Agreement Information:

Date Sponsorship Agreement Commenced: \_\_\_\_\_

Date Sponsorship Agreement Ends: \_\_\_\_\_

*To be completed when there is a Sponsorship Agreement in place.*

## 5. Sponsor's Family Income Information

Sponsor's Current Annual Gross Income is  
(Line 150 – Canada Revenue Notice of Assessment)  
\$ \_\_\_\_\_

Sponsor's Spouse/Partner's Gross Income is  
(Line 150 – Canada Revenue Notice of Assessment),  
if applicable, \$ \_\_\_\_\_

If Notice of Assessment is not available – you may authorise RAMP to obtain this information directly from Canada Revenue Agency by providing your Social Insurance Number(s) below.

Sponsor's SIN: \_\_\_\_\_ Spouse/Partner's SIN: \_\_\_\_\_

For individuals who cannot provide a Notice of Assessment, or have a Notice of Assessment showing \$0 income or whose income has varied significantly, RAMP may accept alternative documents to verify income. This could apply to applicants receiving income from sources such as insurance benefits, including employment insurance, new applicants to AISH or income support. Please contact the RAMP office for additional information.

## 6. Sponsor's Family Composition and information on RAMP Income Maximums

Number of children under the age of 18 (or under the age of 21 living at home and attending school on a full-time basis): \_\_\_\_\_

## 7. To determine Sponsor income threshold please check the box that corresponds to Sponsor's family size.

Sponsor Family Size		Maximum Income	Sponsor Family Size		Maximum Income
<input type="checkbox"/>	Single Adult	\$36,900	<input type="checkbox"/>	Couple, no children	\$46,500
<input type="checkbox"/>	Single Adult, 1 child	\$46,500	<input type="checkbox"/>	Couple, 1 child	\$56,100
<input type="checkbox"/>	2 children	\$56,100	<input type="checkbox"/>	2 children	\$65,700
<input type="checkbox"/>	3 children	\$65,700	<input type="checkbox"/>	3 children	\$75,300
<input type="checkbox"/>	4 children	\$75,300	<input type="checkbox"/>	4 children	\$84,900
<input type="checkbox"/>	5 children	\$84,900	<input type="checkbox"/>	5 children	\$94,500
<input type="checkbox"/> Child in a wheelchair; additional \$7,131 income allowance					

**Signatures – this form must be signed in ink before it can be processed.**

**Print Clearly**

Full Name of Sponsor

Signature

Date

**Print Clearly**

Full Name of Sponsor's Spouse/Partner

Signature

Date

### Return this completed form to:

**Mail:** RAMP  
Community and Social Services  
PO Box 808 Edmonton Main  
Edmonton AB T5J 2L4

**Email:**  
[css.ramp@gov.ab.ca](mailto:css.ramp@gov.ab.ca)

Telephone: **1-877-427-5760** or **780-427-5760** (Edmonton area)

RAMP Website: <http://www.humanservices.alberta.ca/ramp>