

**State of New Mexico**  
**Governor's Commission on Disability (GCD)**

**Residential Accessibility Modification Program (RAMP)**

**APPLICATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Email: \_\_\_\_\_

What modification are you requesting? \_\_\_\_\_

Why do you need this modification? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_

Are you currently enrolled in any of the following Managed Care Organization waivers?

Developmental Disability Waiver \_\_\_\_\_

Home and Community Based Waiver \_\_\_\_\_

Self-Directed Waiver \_\_\_\_\_

**Applicant must have applied for and been turned down by another Residential Modification Resource for the desired modification. (See list on 'Fact Sheet'.)**

**Please provide a 'Letter of Denial' from another Residential Modification Resource.**

Other Residential Modification Resource name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

**Annual household taxable/reportable income: \_\_\_\_\_ (Please provide Tax Returns and/or proof of all sources of income for all persons living in the household.)**

Total Number of persons living in household: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant/Representative Signature: \_\_\_\_\_

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

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**Frequently Asked Questions-FACT SHEET**

**Question:** What is the RAMP?

**Answer:** The RAMP is a State of New Mexico funded program that will help improve the quality of lives for individuals with physical disabilities by making accessibility modifications to the client's home. All modifications must address the client's disability and enable the client to function with greater health, safety or independence in their own home.

**Examples:** A ramp to the front door, replacing a tub with a roll-in shower or installing grab bars.

**Question:** What are the eligibility requirements?

**Answer:**

- 1) Applicant must be a citizen of the United States of America;
- 2) Applicant must be a **resident of New Mexico** for at least six (6) months;
- 3) Applicant must have a **physical disability** documented by receipt of Social Security Disability Benefits (SSI or SSDI) or a statement from a physician;
- 4) Applicant must have applied for another appropriate and available residential modification community resource leaving the RAMP as the "payor of **last resort**";

Please provide a 'Letter of Denial' from any of the organizations below, or similar community resource:

**Independent Living Resource Center;** (505) 266-5022 or (505) 832-1128

**San Juan Center for Independent Living** (505) 566-5927

**Mesa to Mesa** (north part of the state) (505) 927-2105

**City of Las Cruces** (575) 528-3022 (Mobile Home Ramp Installation)

**Habitat For Humanity:** Taos-575-758-7827; Santa Fe-505-986-5880; Gallup-505-722-4226;; Espanola Valley/Los Alamos-(505) 747-2690; etc.

**NM Ramp Project** (Las Cruces area) (575) 522-8220

5) Taxable or reportable **income** must be within 250% of the most current Federal Poverty Income Eligibility Guidelines for Medicaid and Children’s Health Insurance Program (CHIP).

2023 Federal Poverty Guidelines (250%)

Household Size	1	2	3	4	5
Income	\$36,450	\$49,300	\$62,150	\$75,000	\$87,850

**Question:** How long does the entire process take?

**Answer:**

1) From the time the application has been submitted to GCD it may take approximately 4+ weeks to get a response as to whether the application was approved, deemed incomplete or denied.

2) Project design and construction may take up to 6+ weeks depending on the size and location of the project, and the number of projects previously submitted.

**Question:** Are there any fees?

**Answer:** The intent of this program is to fund 100% of the project costs allowed for any given project. However, if any unforeseen circumstances are found during construction, the client will be asked to fund any additional costs.

**Examples:** Pre-existing rotting lumber, mold, deteriorated utility lines, other unforeseen circumstances, etc.

**Scope of Service (Case by Case):**

RAMP projects are targeted for safety or functional concerns that incorporate the client’s specific functional strengths and needs. To be reviewed on a case by case basis the following examples include modifications of the client’s physical environment as well as the necessary installation services for but not limited to:

- 1) Roll in showers;
- 2) Ramps;
- 3) Widening of doorways;
- 4) Handrails, grab-bars, etc.

**RAMP Service Limitations:**

**RAMP improvements or repairs to the existing home, which do not provide safety or functional benefit to the client, and any improvements that should be included as part of routine home maintenance shall not be approved.** Such non-covered adaptations, modifications or improvements include but are not limited to:

- 1) Floor, wall or ceiling finish repairs (including repairs to exterior finishes);
- 2) Roof repair;
- 3) Mechanical system repairs or replacement (such as HVAC units, furnace or water heaters, etc.);
- 4) Completing unfinished construction projects;
- 5) Other general household repairs;
- 6) Medical devices and adaptations.

**No duplicate modifications shall be approved.** For example, if the client has a safe and usable ramp, a replacement ramp shall not be approved.

**RAMP Funding Limitations:**

- 1) RAMP funds may not be utilized to upgrade fixtures or other construction materials solely on the basis of aesthetic qualities or personal preferences when compared to lower cost fixtures or material that provide the same or similar functional benefit to the client. RAMP project funds shall not provide any materials or services that are not in the original bid approved by GCD;
- 2) Any augmentation or upgrade to the GCD funded portion of the RAMP project will void any warranties in place.
- 3) RAMP funds cannot be used to fund new residential construction, even if the new dwelling is designed to accommodate the needs of individuals with disabilities.

Submit completed **application** with ink signature; **homeowner affidavit** with ink signature, **proof of residency**, **proof of disability**, **proof of denial** from another community resource, and **proof of income** to:

State of New Mexico Governor's Commission on Disability Attn: RAMP  
491 Old Santa Fe Trail, Lamy Bldg.  
Santa Fe, NM 87501

Your application must be complete and contain all the required forms and documents before you can be considered for Pre-Approval to this program.

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**Homeownership Affidavit**

1) I am the property owner

Please submit any of the following documents as proof of ownership:

- Warranty Deed
- Deed of Trust
- Mortgage Note or Satisfaction of Mortgage Letter

2) I rent the property

Please submit the following:

- Lease Agreement
- GCD's Landlord Approval Letter

3) I do not own or rent the property

Please explain in detail:

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Representative Signature: \_\_\_\_\_

**Submit one (1) copy of Homeownership Affidavit with Ink Signatures.**

# New Mexico Governor's Commission on Disability (GCD)

## Residential Accessibility Modification Program (RAMP)

### Landlord Approval Letter

\_\_\_\_\_ is/are the owner(s) of the property at  
Owner's Name

\_\_\_\_\_  
Property Name and Address

currently has/will have a lease agreement with \_\_\_\_\_,  
Tenant's Name

for \_\_\_\_\_ years that will expire on \_\_\_\_\_.

\_\_\_\_\_ is/are in full agreement of the improvements  
Owner's Name

to the above-mentioned leased property as part of the RAMP

and grants \_\_\_\_\_ permission to allow proposed  
Tenant's Name

improvements specified in the application.

\_\_\_\_\_ agrees to the following restrictive terms,  
Owner's Name

signed by both \_\_\_\_\_ and  
Owner's Name

\_\_\_\_\_  
Tenant's Name

GCD's RAMP will not be held liable and will not be held responsible for work performed by the contractor or obligated to bring the residence back to pre-existing conditions during or after any modification is complete.

Any augmentation or upgrade to the GCD funded portion of the RAMP project may void any warranties in place.

If any unforeseen circumstances are found during construction, the recipient may be asked to fund any additional costs.

\_\_\_\_\_ acknowledge that as part of the project

Owner's Name

work documents, the project is under a one (1) year warranty. The warranty will warrant and guarantee against faulty materials and workmanship for only the work specified on this project work order.

Tenant Printed Name: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Printed Name: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit one copy of Landlord Approval Letter with Ink Signatures.**

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**CHECKLIST**

Must submit the following in order to be considered for approval (check each box):

**Completed Application**

See Page 2 Following this Checklist.

**Proof of Residency**

A copy of a State of New Mexico issued Identification card or a Utility Bill under the applicant's name.

**Proof of Disability**

A letter from a Doctor or Certified Nurse Practitioner, or a statement indicating Social Security Disability Income (SSDI).

**Proof of Denial from at Least One Other Community Resource**

A letter from one of the Community Resource Centers listed on the 'Fact Sheet', or another Community Resource stating that the resource is unable to provide this modification to the applicant.

**Proof of Income**

Previous years IRS Tax Returns. (If not required to file IRS Tax Return, please provide all sources of income for all those living in the household. This may include, but is not limited to: Social Security Income, Employer Pay stubs, Retirement Benefits and all other income sources.)

**Proof of Home Ownership Or**

**Landlord Approval Letter (if applicable)**

For proof of home ownership: A copy of the most recent County Tax Bill, Warranty Deed, Quitclaim Deed, Real Estate Contract, Mortgage Note, or Sanctification of Mortgage Letter. **Submit with 'Ink Signatures'.**

If renting the property: Provide a copy of the Landlord Approval Letter.

**Submit one (1) copy of the Application with 'Ink Signatures'.**