



# Lake Wales Community Redevelopment Agency

## Housing Opportunities for Mobility & Equity HOME Program Application

The HOME Program strives to provide accessible housing support for residents in the Lake Wales CRA by allowing residents to age in place. Use this application to request accessibility-focused home repairs and modifications. Complete all sections and attach required documentation.

Application No.: \_\_\_\_\_

### I. Applicant Information (Client)

Applicant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

Preferred Contact Method (phone/text/email):  
\_\_\_\_\_

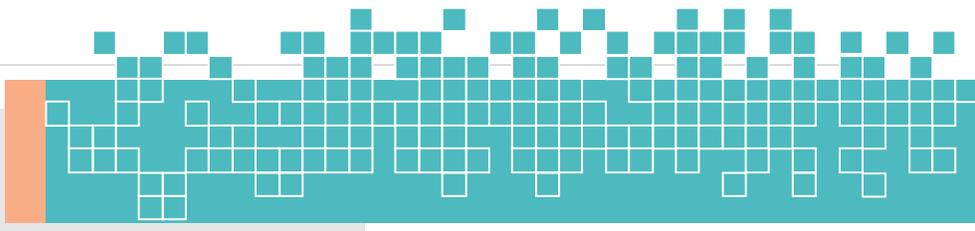
### II. Household Details

Primary Disability (e.g., mobility/vision/hearing/cognitive):  
\_\_\_\_\_

Assistive Devices Used (e.g., wheelchair, walker):  
\_\_\_\_\_

Household Size: \_\_\_\_\_

Names & Ages of Household Members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







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## Requested Modifications/Repairs:

- Ramp
- Handrails
- Door widening
- Roll-in shower
- Lever handles
- Non-slip flooring
- Stair lift
- Other

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## Photos/Videos Attached (Y/N):

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## V. Eligibility & Affordability

### Approximate Requested Assistance Amount (\$):

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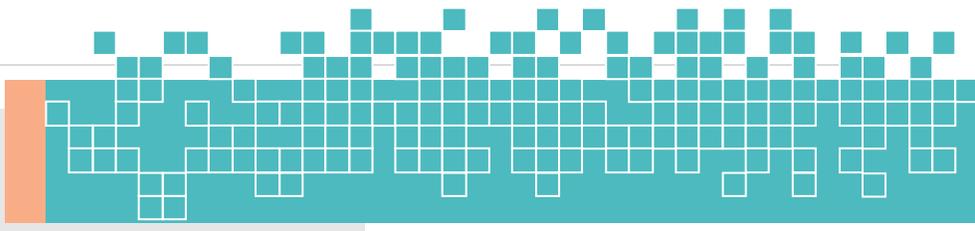
### Priority Justification (safety/fall risk/medical necessity):

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## VI. Required Documents Checklist (Attach)

- Government-issued photo ID
- Disability verification (e.g., physician letter or benefits award)
- Proof of ownership OR lease and landlord consent
- Photos of current conditions/barriers
- Any additional funding approvals (if applicable)





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## VII. Certifications & Signatures

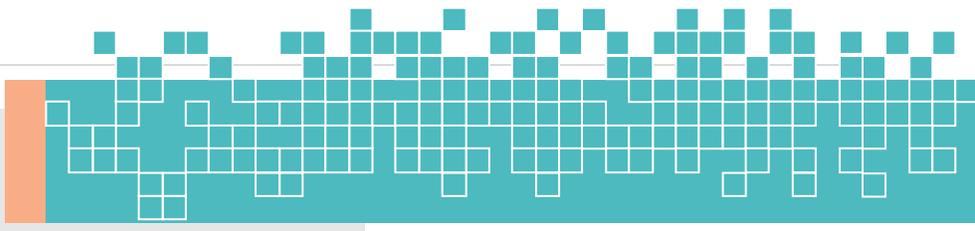
By signing below, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that starting work prior to written approval may disqualify the project from assistance.

Applicant Signature: \_\_\_\_\_

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

Property Owner / Landlord Signature (if applicable): \_\_\_\_\_

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





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## VIII. Office Use Only

Application No.: \_\_\_\_\_

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

Intake Reviewer: \_\_\_\_\_

Priority Score (Safety/Access): \_\_\_\_\_

Approval Status: \_\_\_\_\_

Funding Source/Amount: \_\_\_\_\_

Permit Issued (Y/N): \_\_\_\_\_

Notice to Proceed Date: \_\_\_\_\_

Final Inspection Date: \_\_\_\_\_

Project Closed (Y/N): \_\_\_\_\_

