

City of Birmingham Home Modification Program

The purpose of the program is to assist qualified disabled residential homeowners in making their homes accessible. **Applicants must live within the corporate city limits of the City of Birmingham to be eligible for this program.** We have other programs for those outside of Birmingham.

Each applicant must include the following information **before** it is processed:

- 1. Income verification for all members in the household** including copies of:
 - a. Pay stubs or any W-2 forms
 - b. All disability benefits, social security, child support, veterans checks and award letters
 - c. Recent bank statements (30-60 days old) (it is okay to blur account numbers for privacy)
 - d. Retirement funds pay stubs

- 2. Land ownership verification such as copies of:**
 - a. Tax card or copy of the deed to the home
 - b. If you live in a mobile home, you must show proof of ownership of the mobile home AND the land

Incomplete applications will be held for 60 days. After 60 days, updated financial documents will be required. Your application will be put on hold until we receive recent financial information. Please understand that **all** income must be documented. Applicants who withhold information will be disqualified.

Please understand that the process is very complex, and many applications are received each day. Therefore, it may be several months following determination of your eligibility and priority, before the actual work process may begin.

We will do our best to complete each phase as quickly as possible.

Send completed forms to the address below.

Home Modification Program
Disability Rights and Resources
1418 6th Avenue North
Birmingham, AL 35203-1804

(205) 251-2223 Ext. 103

**Application:
City of Birmingham Home Modification Program**

Name of Individual Seeking Services	
Street Address:	
City, State, Zip Code:	
Home Telephone Number:	
Cell Number	
Social Security Number:	
Date of Birth:	
Type of Disability:	
Total Household Income	Employment \$ Social Security \$ Retirement \$ Disability \$ Child Support \$ Other (explain type) \$

Homeowner's Name and Phone Number (if different from applicant)	
Modifications Needed for physical accessibility issues	1. 2. 3.
Modifications Needed for other accessibility issues	4. 5. 6. 7.

This is a one-time opportunity for you to benefit from this grant program. List all the modifications you feel will make your home more accessible in order of priority.

Signature:

Date: