

CITY OF FLORISSANT
OFFICE OF COMMUNITY DEVELOPMENT
REMOVAL OF ARCHITECTURAL BARRIERS/
HANDICAP RAMPS

APPLICATION

Date: _____
Name: _____ SSN: _____
Address: _____ Apt # _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Date of Birth: _____ Race: _____ Male or Female
Type of Disability: _____

PLEASE PROVIDE PROOF OF DISABILITY

Occupation: _____ Retired Unemployed Disability Retired
Marital Status: Married Separated Divorced Widowed Single
Yearly Household Income: _____
Number of People in Household: _____

The undersigned declare that the information which has been given is true and complete to the best of their knowledge.

Owner Date

Owner Date

Community Development Director Date

_____ Approved _____ Disapproved

Reason for Disapproval _____
