

RI Livable Home Modification Grant Application

Guidelines and Application Instructions

Purpose: The Rhode Island Livable Home Modification Grants assists homeowner and renters retrofit residences to nationally recognized accessibility standards.

Eligibility is determined by the income in the prior year of the resident who has the disability, not the household income.

1. If the RI resident who has the disability was not required to file a federal tax return in the prior year, the resident is automatically eligible for a Livable Home Modification Grant, if not eligible for accessibility modifications funded through other local, state or federal programs (see application page 2 Section V).

2. For residents who have a disability and filed a federal tax return in the prior year, that resident's countable income must not be greater than one-hundred and twenty percent (120%) of the US Department of Housing and Urban Development's Area Median Income for Rhode Island (see table on application page 2).

Excluded from the grants are entities that are: 1) eligible for the federal disabled access credit established under the Internal Revenue Code, 26 U.S.C. § 44 and R.I. Gen. Laws § 44-54-1, disabled access credit for small businesses; 2) limited liability companies or foreign limited liability companies, as defined in R.I. Gen. Laws § 7-16-2; 3. S corporations established under Subchapter S of Chapter 1 of the Internal Revenue Code (26 U.S.C. §§ 1361 et seq.); 4) cooperative housing corporations, as defined in R.I. Gen. Laws § 7-6.1-4; or 5) corporations or foreign corporations, as defined in R.I. Gen. Laws § 7-1.2-106.

Grant Amount: The livable home modification grant is fifty percent (50%) of the total retrofit costs, up to five thousand dollars (\$5,000). Grant awards include the cost of the needs assessment and post renovation certification of compliance.

Qualifications for grant:

- A. In order to qualify for the grant the retrofitting of an existing residential unit must include at least one accessibility feature or sensory modifications as defined below.
- B. Grants for the retrofitting of residential rental property require the owner of the rental property to agree to maintain accessible for ten (10) years.

Definitions

"Accessibility features" include 1) Accessible route to a zero-step entrance on firm surface that is no steeper from 1:12 from a driveway or public sidewalk; 2) Zero-step entrance; 3) Doors with at least 32 inches of clear width; 4) Hallways and passages with at least 36 inches of clear width; 5) Accessible light switches, electrical outlets and environmental controls; 6) Accessible bathroom; and 7) Accessible and useable kitchen facilities. These features are to meet the specifications of an existing standard.

"Countable income" means the resident with the disability's taxable income as reported on the prior year's 1040, 1040A or 1040EZ minus exemptions listed in § 3.8(B) of this Part.

"Dependent" means the same as 26 C.F.R. § 1.152-1 - "General definition of a dependent" claimed as a dependent on the resident with a disabilities' Federal Tax Return.

"Disability" means the same as defined by R.I. Gen. Laws § 42-87-1 ("definitions of disability"), except for R.I. Gen. Laws §§ 42-87-1(1)(ii) through (iv).

"Existing standards" means and includes adaptability features prescribed by the Rhode Island State Building Code; the specifications of the Uniform Federal Accessibility Standards; and Fair Housing Accessibility Guidelines.

"Needs assessment", means an evaluation of:

- a. Balance, coordination, endurance, safety awareness, strength, attention, problem solving, vision, communication, and many other functions while the individual performs daily tasks;
- b. The home environment to identify barriers to safety, functional mobility and self-care activities;
- c. How a person interacts with the environment to complete a task or activity.
- d. Through this process, modifications and intervention strategies are selected to improve the fit between these elements, with a goal of maximizing safety and independence in the home. The intervention plan may include but is not limited to strategies such as adaptive equipment, lighting, family caregiver training, or remodeling.

"Resident who has a disability" means an individual who has a physical or mental impairment that substantially limits one or more of the major life activities of such individual.

"Sensory Modifications" - Alarms, appliances and controls designed to assist sensory disabled persons that are structurally integrated into the residential unit. Built-in appliances would meet this definition. Accommodations or features that can be removed and reinstalled in another residential unit and so reused at another location are not considered to be sensory modifications for the purposes of this tax credit program. Appliances or alarms that can be reinstalled in another residence would not meet this definition.

Mail the completed application (only pages 1 and 2) and supporting documentation to:

Governor's Commission on Disabilities
John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049

OR Scan the completed application and supporting documentation into PDF format (do not scan as a picture), and attach to an email submitted to gcd.disabilities@gcd.ri.gov Indicate in subject line "LHMG Application".

DO NOT SUBMIT APPLICATION VIA BOTH METHODS, Retain a copy of the application for your records

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SECTION I Select box beside individual under whose social security number this application should be filed.

The RI Governor's Commission on Disabilities requires modification grant application to be filed under the name of the resident who has the disability.

Resident who has the disability's name:	Social Security Number:	
Head of household's name:	Social Security Number:	
Mailing Address:		
City/Town:	State:	Zip Code:
E-Mail Address	Daytime Phone Number	
Address of Property to be retrofitted, if different:		
City/Town:	State:	Zip Code:

Application for the Livable Home Modification Grant (LHMG) Program must be submitted and **received** by the RI Governor's Commission on Disabilities (GCD) prior to the start of retrofitting activities to an existing residence. All retrofit projects must be completed prior to the end of the state's fiscal year, June 30th and post-retrofit documentation must be submitted no later than July 10th of the same calendar year.

Applications for retrofit projects expected to be completed after June 30th may be submitted at any time, but approval will be subject to the enacted appropriation for that fiscal year.

The Livable Home Modification Grant is fifty percent (50%) of the cost of retrofitting activities not to exceed \$5,000.

Please see instructions for complete details concerning eligibility, requirements and process.

Post retrofit documentation must include **before and after pictures of area being retrofitted**, copies of purchase contracts, invoices, cancelled checks, construction contracts, etc.). Supporting documentation must be attached to the post retrofit claim. In addition, documentation certifying that the retrofitting activities were paid for by or on behalf of the applicant must be included to be eligible for the LHMG program. **All scanned documentation must be submitted in PDF format.**

SECTION II Is this property rented? No Yes. If yes, grants are only allowed for retrofitting of residential rental property provided that the owner agrees to maintained access for ten (10) years.

Owner of the rental property's name:		
Mailing Address:		
City/Town:	State:	Zip Code:
E-Mail Address	Daytime Phone Number	
As owner of the rental property, I agree to maintain the access renovations for ten (10) years after the completion of the retrofitting of the rental unit, cited above.		
Signature of the owner of the rental property:		

SECTION III Needs Assessment: To be completed by a qualified professional (including but not limited to a physical therapist, occupational therapist, audiologist, or certified aging-in-place specialist capable of conducting an assessment of a resident who as a disability).

Retrofitting of an Existing Unit: Retrofitting of an existing residential unit must include at least one accessibility feature, e.g., sensory modifications, chair lifts, elevators, etc., must be a permanent part of the structure of the residential unit, and meet the requirements of an existing standard in order to qualify for Modification Grants. Definitions on page 3.

Please check any accessibility feature or modifications that applies:

- | | |
|--|--|
| <ul style="list-style-type: none"> Accessible route to a zero-step entrance into the residence Zero-step entrance into the residence Doors with at least 32 inches of clear width Hallways and passages with at least 36 inches of clear width Sensory Modifications Other:
Must provide description: | <ul style="list-style-type: none"> Accessible light switches, electrical outlets and environmental controls Accessible bathroom Accessible and useable kitchen facilities Chair Lifts Elevators |
|--|--|

Attach photographs of the areas to be retrofitted and the scope of work and work specifications.

Qualified Professional's Name & Title:	Estimated cost: \$
Office Address:	
City/Town:	State: Zip Code:
E-Mail Address	Daytime Phone Number
I declare, under penalties provided by law, the resident with a disability, named above, needs the residence retrofitted, as indicted above, to live safely in the community.	
Qualified Professional's Signature: _____	Date: _____

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SECTION IV Income Eligibility:

The resident who as the disability's income is not greater than one-hundred and twenty percent (120%) of the US Department of Housing and Urban Development's Area Medium Income for Rhode Island. In determining the countable income:

1. Adjusted Gross Income from prior year's federal income tax return 1040, 1040A or 1040EZ	
2. Minus expenses not also claimed on the prior year's federal income tax schedule A	
a. Total federal tax payments, as reported on the resident's 1040 or 1040A, or Total payments and credits as reported on the resident's 1040EZ	
b. Impairment related work expenses of the resident who has the disability, 20 CFR §§ 404.976 or 404.1576 (minus any Impairment related work expense already deducted on Schedule A)	
c. Medical and Dental Expenses (minus any medical and dental expense already deducted on Schedule A)	
d. Achieving a Better Life Experience Act (ABLE) account contributions and distributions, 26 U.S.C. § 529A	
e. Income needed to fulfill a Plan for Achieving Self-Support (PASS), 42 U.S.C. § 1382b	
f. Disability benefits and payments, including: disability pension benefits; life insurance disability benefits; Social Security Disability Insurance (SSDI); Supplemental Security Income (SSI); and Veterans' Affairs service- connected disability benefits, provided any were included in the resident's federal taxable income)	
g. The amount of any taxable grant administered by a federal, state, or local government program awarded to the resident who has the disability, provided any were included in the resident's federal taxable income)	
3. Total Deductions and Exclusions (sum of lines 2a. - 2g.)	
4. a. Countable Income (Subtract 3. From 1.)	
b. Maximum Countable Income (based on the number of dependents claimed by the resident who has the disability on the prior year's federal tax return from table below):	



If line 4a. is less than line 4b, the resident who has the disability is eligible for a grant. Please complete SECTION V and submit this application to the Governor's Commission on Disabilities.

Number of dependents of the resident.	The resident who has the disabilities' countable income less than
The resident (no dependents)	\$78,700
The resident + 1 dependent	\$89,950
The resident + 2 dependents	\$101,200
The resident + 3 dependents	\$112,450
The resident + 4 dependents	\$121,450
The resident + 5 dependents	\$130,450
The resident + 6 dependents	\$139,450
The resident + 7 dependents	\$148,450

5. Proof on income of the resident who has the disability, must be attached to this application.

- a. The prior year's W-2 Forms; or
- b. The prior year's filed and signed Federal Tax Return; or
- c. A Social Security Disability Income (SSDI) award letter issued within the last year; **and**
- d. Documentation of any expense deductions and/or income exclusions listed in item 2-3 above.

SECTION V. Certification:

The property to be retrofitted is NOT:

1. Eligible for the federal disabled access credit established under section 44 of the Internal Revenue Code (26 U.S.C. §44) and §44-54-1, disabled access credit for small businesses;
2. Eligible for accessibility modifications that are funded through other local, state or federal programs;
3. For the purchase or construction of residential rental property.

The applicant is NOT a:

1. Limited liability companies or foreign limited liability companies, as defined in §7-16-2;
2. S Corporations established under Subchapter S of Chapter 1 of the Internal Revenue Code (26 U.S.C. §§1361 et seq.);
3. Cooperative housing corporations, as defined in §7-6.1-4; or
4. Corporations or foreign corporations, as defined in §7-1.2-106.

I declare, under penalties provided by law, the information provided above is complete and correct.

Resident/Head of Household's Signature: _____ Date: _____