

# RI Livable Home Modification Grant Program

The RI Livable Home Modification Grant program partially reimburses accessible home modification that allow individuals who have disabilities to live safer in their homes and remain in the community.

To be eligible an individual who has a physical or mental impairment that substantially limits one or more of the major life activities must live in the home to be modified or will be living in the home once the accessibility modifications are completed.

**Only home modifications constructed or installed AFTER the RI Livable Home Modification Grant Award Letter has been issued, will be reimbursed.**

These grants could reimburse 50%, up to \$4,000 of the cost of modifying of an existing residence for one or more of the following:

- a. Accessible route to a zero-step entrance on firm surface that is no steeper than a 1:12 slope from a driveway or public sidewalk;
- b. Zero-step entrance;
- c. Doorways that are usable by the individual's mobility device and at least thirty-two inches (32") of clear width;
- d. Hallways and passages that are usable by the individual's mobility device and at least thirty-six inches (36") of clear width;
- e. Accessible light switches, electrical outlets and environmental controls;
- f. Accessible bathroom, including: walk in shower or tub; raised toilet seat; grab bars, etc.
- g. Accessible and useable kitchen facilities including built-in appliances\*;
- h. Handrails and grab bars;
- i. Backup electric generator for life sustaining electric-powered medical equipment in their homes for devices such as respirators, oxygen concentrators, and/or dialysis machines;
- j. Home monitoring system for residents with any form of dementia;
- k. Chair lift, stair lift, barrier free lift, or elevator; and
- l. Sensory modifications including: audible fire alarms; audible doorbell; talking appliances; controls; etc. designed to assist persons with sensory impairment that are structurally integrated into the residence.

**All home modifications must meet the building, fire, and elevator code specifications.**

\* Built-in appliances are eligible for a Livable Home Modification Grant. Appliances or alarms that can be easily reinstalled in another residence are NOT eligible for a grant.

**For more information or questions contact:**

**Barbara Palazzo, 401-462-0100 or [barbara.palazzo@gcd.ri.gov](mailto:barbara.palazzo@gcd.ri.gov)**

Governor's Commission on Disabilities,  
John O. Pastore Center, 2 Cherry Dale Court  
Cranston, RI 02920-3049

# RI Livable Home Modification Grant Program

## Frequently Asked Questions

**1. I make less than the listed countable income, but I have some money in savings. Does this effect my eligibility?**

No. When looking at eligibility, the Livable Homes Grant does not take money in savings into account.

**2. Since this is a state-funded grant, do I have to go out to bid when hiring a contractor or buying accessible equipment?**

No. You are free to pick the licensed contractor of your choice, as well as where you will buy accessible equipment. However, the grant will not be provided more than once for the same project, so choose carefully!

**3. How long should I expect this process to take?**

You will hear back from the RIGCD within 5-7 business days after we have received your initial completed application, with either an approval, a denial, or a request for more information. Following the completion of your project and the receipt of all post-retrofit documentation by the RIGCD, the processing of your payment will begin. You should receive payment within 6-8 weeks of the RIGCD receiving a completed post-retrofit documentation package. **Please keep in mind that payment processing will not begin until the Commission has received all necessary post-retrofit documentation.**

**4. What do you mean by "disability?"**

The definition of disability used in determining eligibility for this grant is "a physical or mental impairment that substantially limits one or more major life activities." Regarding time frame, the cited disability must last or be expected to last more than one (1) calendar year.

**5. My retrofitting project will cost about \$12,000. Will I be reimbursed for 50% of this total?**

No. The Livable Homes Grant will reimburse you 50% of the total cost of the project, up to \$4,000. For any projects costing over \$8,000, the maximum grant amount that you will receive is still \$4,000.

**6. My contractor employs qualified medical professionals-can they complete my Needs Assessment?**

No. Employees of your chosen contractor cannot complete your Needs Assessment, even if they would otherwise be considered qualified medical professionals.

**7. Who is considered a qualified medical professional?**

Qualified medical professionals are licensed healthcare professionals that are able to independently determine your healthcare needs and medical eligibility for this grant program. Examples include: Physical Therapists, Occupational Therapists, Licensed Nurse Practitioners, Physicians, Licensed Independent Clinical Social Workers, and Certified Aging-in-Place Specialists.

The following are **not** considered qualified medical professionals: Certified Nursing Assistants, Physical Therapist Assistants, Certified Occupational Therapist Assistants, non-licensed caseworkers and social workers, and Personal Care Attendants.

If you are unsure if your healthcare professional is considered a qualified medical professional for the purposes of this program, please contact Alyssa Gleason at 401-462-0103.

**8. I file a joint income tax return-do I need to submit any additional information?**

If the combined income of the applicant and their spouse is **under** the financial eligibility threshold, only the most recently filed tax return is required.

If the combined income of the applicant and their spouse is **over** the financial eligibility threshold, income verification documents (i.e. W2s, 1099s, 990s, etc.) are required for both parties. While only the applicant's income will be used to determine financial eligibility for this program, we require proof that the additional income is attributed to the non-applicant.

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# RI Livable Home Modification Grant Application

The Livable Home Modification Grant application must be submitted in the name of the resident who has the disability, regardless of age.

## SECTION I. Resident who has the disability

Resident who has the disability's name:

Address to be modified:

City/Town:

State: RI Zip Code:

E-Mail Address:

Daytime Phone:

## SECTION II. Contact person, if not the resident who has the disability

Contact Person's name:

Mailing Address:

City/Town:

State: Zip Code:

E-Mail Address:

Daytime Phone:

**Only home modifications constructed or installed AFTER  
The RI Livable Home Modification Grant Award Letter has been issued, will be reimbursed.**

All retrofit projects must be completed prior to the end of the state's fiscal year, June 30<sup>th</sup> and post-retrofit documentation must be submitted no later than July 10<sup>th</sup> of the same fiscal year (July 1<sup>st</sup> of June 30<sup>th</sup>).

**All scanned documentation must be submitted in PDF format**

Name of the Owner of the property to be modified:

Owner's relationship to the resident who has the disability: self; parent; guardian; child;

spouse/domestic partnership; power of attorney; other:

landlord/property manager, if rented, also complete Section VII. Rental Livable Home Modification.

## SECTION III. Income Eligibility

**Only the income of the resident who as the disability's income is considered.**

I the undersigned certify by checking  the boxes below:

A. The resident who has the disability **was not required** to file a federal tax return in the prior year.

If A is checked off, skip to **SECTION IV. Certification**, on the back of this page.

The resident who has the disability **was required** to file a federal tax return in the prior year.

1. Adjusted Gross Income from prior year's federal income tax return 1040, 1040A or 1040EZ if **income tax was filed jointly, only put the person who has the disability's income** → \_\_\_\_\_

2. Withdrawals from a retirement account or pension fund for medically necessary expenses. \_\_\_\_\_

3. **Total Countable Income (subtract line 2. from line1.)**

4. **Maximum Income Table:** Check  the number of dependents claimed by the resident with a disability on the prior year's federal income tax return 1040, 1040A or 1040EZ. **Only the resident with disabilities' income.**

Number of dependents	Income	Number of dependents	Income
<input type="checkbox"/> The resident (no dependents)	\$78,700	<input type="checkbox"/> The resident + 4 dependents	\$121,450
<input type="checkbox"/> The resident + 1 dependent	\$89,950	<input type="checkbox"/> The resident + 5 dependents	\$130,450
<input type="checkbox"/> The resident + 2 dependents	\$101,200	<input type="checkbox"/> The resident + 6 dependents	\$139,450
<input type="checkbox"/> The resident + 3 dependents	\$112,450	<input type="checkbox"/> The resident + 7 dependents	\$148,450

 If line 3. **Total Countable Income** is less than the  row's right column of 4 Maximum Income Table, **SKIP to SECTION IV. Certification** and submit this application, the necessary attachments and all other pages of the application to Governor's Commission on Disabilities, at the address at the bottom of this page.

 If line 3 Countable Income is greater than the right column of 4. **Maximum Income Table** you are not eligible for a grant.

## SECTION IV. Certification

By checking ✓ the boxes below and signing this form, I certify to the best of my knowledge that this form is true, complete, and accurate. I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil, or administrative penalties. (RI Gen. Laws 42-127.1)

- The construction/installation has **NOT BEEN STARTED**
  - The property to be modified is:
    - a. **NOT** 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;
    - b. **NOT** eligible for accessibility modifications by Medicaid, Veterans Administration or any other local, state or federal government program.
    - c. **NOT** for the purchase or construction of residential rental property.
  - The applicant is:
    - a. **NOT** a limited liability companies or foreign limited liability companies;
    - b. **NOT** an S Corporations established under Subchapter S of Chapter 1 of the Internal Revenue Code (26 U.S.C. §§1361 et seq.);
    - c. **NOT** a cooperative housing corporation; or
    - d. **NOT** a corporations or foreign corporations.
  - SECTION V Needs Assessment has been completed, signed and attached.
  - SECTION VI Contractor/Installer Estimate/Quote has been completed and is attached.
  - If rental property SECTION VII Rental Property Affidavit has been completed, signed and attached.
- Copies of the following have been attached, prior year's:**  W-2 form; OR  federal income tax return; OR  Social Security Disability Income (SSDI) award letter; OR  Supplemental Security Income (SSI); **AND**  documentation of all exemptions claimed on item 3. **Exemptions** above.
- The application has been completed, I understand that an incomplete application **WILL BE RETURNED**.

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Signature:

Print Name of signer:

Date:

## Section V. Need's Assessment

The RI Livable Home Modification Grant program partially reimburses accessible home modification that allow individuals who have disabilities to live safer in their homes and remain in the community.

To be completed by a Qualified Healthcare Professional\* Please Print

\*Including but not limited to a physician, physical therapist, occupational therapist, audiologist, or certified aging-in-place specialist who is capable of independently conducting an assessment of a resident who has a disability.

A. Complete the needs assessment below OR

B. Submit a copy of a needs assessment that was performed no more than 6 months ago.

**Only home modifications constructed or installed AFTER  
The RI Livable Home Modification Grant Award Letter has been issued, will be reimbursed.**

Check ✓ the accessible features listed below that would increase the independence and safety of:

(resident who has the disability):

Address to be modified:

City/Town:

State: RI

Zip Code:

Qualified Medical Professional's name & Title:

Agency the qualified medical professional is employed by:

Mailing Address:

City/Town:

State:

Zip Code:

E-Mail Address:

Daytime Phone:

Accessible route from a driveway or public sidewalk to a zero-step entrance on firm surface that is no steeper than a 1:12 slope

Zero-step entrance

Doorways that are usable by the individual's mobility device and at least thirty-two inches (32") of clear width, if greater than 32" - specify minimum clear width \_\_\_\_ inches.

Hallways and passages that are usable by the individual's mobility device and at least thirty-six inches (36") of clear width, if greater than 36" - specify minimum clear width \_\_\_\_ inches.

Accessible light switches, electrical outlets and environmental controls.

Accessible bathroom:  walk in shower or  tub,  raised toilet seat,  grab bars, or

other, describe:

Accessible and useable kitchen facilities including  built-in appliances\*, describe on back

Handrails and grab bars, describe where in the home or outside:

Backup electric generator for life sustaining electric-powered medical equipment

Home monitoring system for residents with any form of dementia\*

Installation of a:  stair lift  chair lift  barrier free lift  elevator

Sensory modifications  visual  visual  talking  talking  Other,  
structurally integrated into fire alarms doorbell appliances environmental describe on  
the residence\*: controls back

\* Built-in appliances are eligible for a Livable Home Modification Grant. Appliances or alarms that can be easily reinstalled in another residence are NOT eligible for a grant.

**I declare, under penalties provided by law, the resident with a disability named above, needs the residence modified as indicted above, to live more independently and safely in the community.**

Signature:

Date of the need's assessment:

**Provide a copy to the contractors and/or installers as their basis for estimating the modification costs.**

Mail application to Governor's Commission on Disabilities, John O. Pastore Center,  
2 Cherry Dale Court, Cranston, RI 02920-3049 or email to [barbara.palazzo@gcd.ri.gov](mailto:barbara.palazzo@gcd.ri.gov) Revised 8/14/19

Add any additional information or description of accessibility modifications, built -in appliances, sensory modifications:

Section VII. Rental Property Owner's Affidavit

RI Livable Home Modification Grants are allowed for the modification of residential rental property provided that the owner of the rental property completes this affidavit declaring that the residential unit's accessibility features shall be maintained accessible for ten (10) years from the date the modification was completed.

To be completed by the Rental Property Owner or the Owner's Authorized Agent, Please Print:

Resident who has the disability name:

Address to be modified:

City/Town:

State: RI Zip Code:

Company or Property Owner's Name:

Owner or Authorized Agent's name:

Mailing Address:

City/Town:

State: Zip Code:

E-Mail Address:

Daytime Phone:

Only home modifications constructed or installed AFTER The RI Livable Home Modification Grant Award Letter has been issued, will be reimbursed.

By signing this form, I certify to the best of my knowledge the new accessible features listed in Section V Needs Assessment, on the reverse side, will be maintained for the next 10 years, and the information on this form is true, complete, and accurate. I am aware that any false, fictitious or fraudulent information my subject me to criminal, civil, or administrative penalties. (RI Gen. Laws 42-127.1)

The projected completion date is:

Owner/Authorized Agent's Signature:

Date signed:

# Section VI. Cost Estimate / Quote

The RI Livable Home Modification Grant program partially reimburses accessible home modification that allow individuals who have disabilities to live safer in their homes and remain in the community.

**Only home modifications constructed or installed AFTER**

**The RI Livable Home Modification Grant Award Letter has been issued, will be reimbursed.**

**To be completed by the Contractor/Installer, Please Print:**

Resident who has the disability name:

Address to be modified:

City/Town:

State: RI Zip Code:

Estimator's name & title:

Contractor/Installer's Company:

Mailing Address:

City/Town:

State: Zip Code:

E-Mail Address:

Daytime Phone:

1. Based on the Qualified Healthcare Professional's Needs' Assessment, below are the estimated cost of the accessibility modifications for this project:

Cost Estimates

Accessible route from a driveway or public sidewalk to a zero-step entrance on firm surface that is no steeper than a 1:12 slope

Zero-step entrance

Doorways that are usable by the individual's mobility device and at least thirty-two inches (32") of clear width, if greater than 32" - specify minimum clear width \_\_\_\_ inches.

Hallways and passages that are usable by the individual's mobility device and at least thirty-six inches (36") of clear width, if greater than 36" - specify minimum clear width \_\_\_\_ inches.

Accessible light switches, electrical outlets and environmental controls.

Accessible bathroom:  walk in shower or  tub,  raised toilet seat,  grab bars, or  other, describe:

Accessible and useable kitchen facilities including  built-in appliances\*, describe on back

Handrails and grab bars, describe where in the home or outside:

Backup electric generator for life sustaining electric-powered medical equipment

Home monitoring system for residents with any form of dementia

Installation of Check :  stair lift  chair lift  barrier free lift  elevator

Sensory modifications  visual  visual  talking  talking  Other, structurally integrated fire alarms doorbell appliances environmental controls see needs assessment into the residence\*

Building Permit fees

2. Total cost of the Livable Home Modifications (sum of part 1.)

3. Cost of all non-accessibility modifications (not reimbursable).

\* Built-in appliances are eligible for a Livable Home Modification Grant. Appliances or alarms that can be easily reinstalled in another residence are NOT eligible for a grant.

These grants could reimburse 50%, up to \$4,000 of the estimated cost of modifying of an existing residence for one or more of the accessibility features listed below. Increases in accessibility modification costs greater than 50% of the Total cost must be approved by an amended Livable Home Modification Grant Award Letter, in advance of construction, to be reimbursable.

Attached are pre-construction/installation photographs of the area(s) to be modified.

Signature:

Date of the estimate:

## Section VI. Cost Estimate / Quote

Page 6

Add any additional information or description of accessibility modifications, built -in appliances, sensory modifications or cost estimates: