



1311 Lindbergh Plaza Center  
Saint Louis, Missouri 63132

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## ACCESSIBLE HOME MODIFICATION GRANT

HAVE YOU APPLIED FOR HISA?

YES, \$ \_\_\_\_\_ given     I have already used it     UNSURE

## PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL (if applicable): \_\_\_\_\_

DO YOU OWN THE ABOVE RESIDENCE?     YES     NO

## SERVICE CONNECTION

IS YOUR SCI INJURY/DISEASE SERVICE CONNECTED?

YES     NO     UNSURE

## VENDOR INFORMATION

*PLEASE ATTACH VENDORS' BIDS TO THIS APPLICATION*

### **FIRST VENDOR**

CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOTAL ESTIMATE AMOUNT: \_\_\_\_\_

### **SECOND VENDOR**

CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOTAL ESTIMATE AMOUNT: \_\_\_\_\_