

Permission from Homeowner for Accessibility or Home Adaptation Installation

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(Full name of landlord/property owner(s))
wn the property at
(Enter full address, city, and zip)
will let PA Health & Wellness (PHW) make changes to the house at the above address. The
hanges are to help the tenantto be more independent in the hom
(Participant's name)
As the homeowner please provide a copy of one of the following.
 A home loan statement dated within the last 3 months.
A yearly property tax statement from this year or last year.
3) Warranty Deed.
4) Pennsylvania Motor Vehicle Registration (for mobile homes).
This letter allows PHW to make changes to my home. <u>All owners listed on the home need to sign.</u>
By signing below I agree to the terms as stated.
I understand PHW will not return the home back to how it was. If the renter/participant passes away, I understand that PHW will bring the construction to appropriate completion ensuring safety of the premises. If the renter/participant enters hospital or nursing home, PHW will finish contracted work. PHW will not remove any wo already done.
as the landlord, I understand that I cannot increase rent because of the changes. Date
lomeowner's name (Print)