



Home Modification Property Owner Consent Form

This form is to be completed by the landlord, homeowner or the management company representing the property owner.

Name of Client/Tenant: _____

I, _____, landlord or homeowner of the property located at the following address: _____, authorize the following home modifications:

- Ramp: (indicate location) _____
- Vertical Platform Lift: (indicate location) _____
- Stairglide: (indicate location) _____
- ADA Toilet
- Accessible Bathroom Sink
- Accessible Shower
- Walk In Tub
- Accessible Kitchen Cabinets, Counters, or Sink
- Door Widening: (indicate which doors) _____
- Flooring: (indicate which areas/rooms) _____
- Other: _____

Please initial after the following statements:

I, landlord/homeowner, have reviewed the proposed bid/plans and agree to the above modifications. _____

I, landlord/homeowner, understand that if the client/tenant no longer resides in the property, I will not hold any party in the Medicaid Home Modification program responsible for removing all or part of the home modification or returning the property back to its original condition. _____

I, landlord/homeowner, certify that to my knowledge that I do not receive any federal funding. _____

Name (please print): _____ Date: _____

Signature: _____

Phone Number/Email: _____