



Property Owner Home Modification Notice Form

Property Owner: _____ Date: _____

Address: _____

City, State, Zip: _____

Regarding Tenant/Dweller: _____

Address: _____

Please be informed the individual renting a dwelling from you at the above address needs accessible home modifications at your property. The proposed home modifications are on the attached bid specification form.

Pursuant to the Fair Housing Amendments Act of 1988, a qualified individual with a disability has the right to request reasonable accommodation in order to have equal access into (and through) a dwelling. Reasonable accommodation/modification requests shall not create an undue burden on you as the property owner or severely alter the basic structure of the dwelling.

Notification and signature of acknowledgement from the owner is required prior to any modifications being performed. Please sign in the space provided below and return this letter to us. A copy of this letter is attached for your files.

I/We _____ understand that should the tenant vacate the property during or after the modification is under construction or constructed, and the modification is not acceptable to the new occupant or the owners, UnitedHealthcare and _____(provider) will not be held responsible for any repairs, or liable for any cost to restore the property to its condition or design prior to the modification. In the event, any type of structural deficit prohibits the timely completion of said Home Modification; I/we agree to make the necessary repairs to the property.

Moreover, I/we understand and agree not to raise the rent on the property solely based on the increased value due to the modification work. If you have any questions, please contact the tenant’s community-based case manager or Provider Services at 888-650-3462.

Owner’s Signature

Date

Co-owner’s Signature

Date