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| --- | --- |
| **APPLICANT INFORMATION** | **APPLICATION DATE (mm/dd/yyyy)**  |
| **First Name** | **Last Name** |
| **Date of Birth (mm/dd/yyyy)** | **Phone Number** |
| **Guardian Name (if applicable)** | **Guardian Phone Number (if applicable)** |

**Emergence Grant Home Modification Application Request for Reasonable Modification**

|  |  |  |  |
| --- | --- | --- | --- |
| **City** | **County** | **State** | **Zip Code** |
| **Reasonable Modification Request for Landlord/Property Owner** |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_** |

**The tenant/resident listed above has applied for a home modification to be installed by our organization, The Center for Disability Empowerment (CDE). Having a disability that substantially limits one or more major life activities, as defined in the Fair Housing Act, requires property owners to provide reasonable accommodations to provide access and/or move safely throughout the property. His/her disability requires a reasonable modification to improve accessibility and/or safety at the residence. The tenant/resident request the following modifications: \_\_\_ Ramp \_\_\_Grab Bars \_­\_\_ Other Type of Modification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

**I, the Landlord/Property Owner, permit the EHMP to coordinate the home modification(s) request according to the Program Guidelines outlines above:**

**I, the Landlord/Property Owner, permit the EHMP to coordinate the home modification.**

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| --- |
| Name: |
| Phone: | Email: |

Signature: Date:

|  |
| --- |
| **Reasonable Modification Drawings**\_\_\_ **I have reviewed and signed the drawings for the requested modification(s) to begin.**Signature: |

**Return To: Rich Wagner C/O The Center for Disability Empowerment 510 E. North Broadway, Columbus, OH 43214** **RWagner@DisabilityEmpowerment.net** **614-575-8055**