

SENIOR ACCESS

APPLICATION INFORMATION REQUIRED

Page 3 Applicant is the senior needing the assistance. Please provide the property address (Lot ____, Block ____, Plat # ____) or street address. Mailing address, primary language, year the house was built, gender, birth date and age. Enter all other permanent residents of household. Describe what modifications are needed.

Page 4 Income Information for all family members of the household. Copy of Social Security, Retirement or copy of bank statement showing direct deposit and copy of your latest Tax Return. Income is for all family members not just for the seniors living in the house.

Page 5 Answer as best as you can to all questions.

Page 6 (1) Are any accommodations if required? (2) Person who can verify accommodation request. Indicate which definition your household meets. Initial and Date at the bottom of the form.

Page 7 Applicant sign and Date middle of the form.

Page 8 Referral Form please fill out the requested information.

Page 9 Child Support Verification Form. Please fill out and sign at the end of the line for each senior. **This form is required by the Funder.**

Page 10 & 11 House hold Needs Questionnaire – please fill out for the senior requesting the assistance. Senior sign the middle of the form.

Page 12 Scope of Work – please fill out and sign the bottom of the form.

Page 13, 14 and 15 Landlord/Tenant Agreement – only fill out if you are not the owner of the home to receive services.

WE WILL NEED THE FOLLOWING BEFORE WE WILL BE ABLE TO PROCESS YOUR APPLICATION:

PROOF OF OWNERSHIP: Copy of Quit Claim when house was signed over.

PROOF OF AGE: Copy of something with your date of birth on it. (State ID, Tribal Card, Birth Certificate)

Completed Application Checklist

All additional documents must be submitted in order to process your application. Please review the list below and submit copies of all documents that apply to your situation. **All income for each household member must be accounted for.**

Types of Verification Required-Do not send originals!

All Applicants	
<input type="checkbox"/> Completed application	Including <input type="checkbox"/> Child support verification <input type="checkbox"/> Needs assessment and/or 3 rd party verification
<input type="checkbox"/> Photo ID	Needed for applicant only. Must include date of birth.
<input type="checkbox"/> Proof of Home Ownership	Municipality of Anchorage tax record or statement, Warranty Deed or Deed of Trust, copy of mobile home DMV title, Mortgage coupon, Bill of Sale, Sales Contract
INCOME ELIGIBILITY VERIFICATIONS- ALL HOUSEHOLD MEMBERS FOR THE PAST 12 MONTHS	
<input type="checkbox"/> Last filed Income Tax Return & most recent year's W-2's	For each household member required to file
<input type="checkbox"/> Last pay stubs , with YTD (Year to Date) total listed	To verify most recent employment income for each household member employed that is not a full time student, including last pay stub from each job that has ended in the last 12 months
<input type="checkbox"/> Unemployment Benefits	Prior 12 month history for each household member unemployed & receiving benefits
<input type="checkbox"/> Social Security Administration income history	Letter from the SSA office stating monthly amount received, or most recent monthly bank statement showing Social Security deposit
<input type="checkbox"/> Public Assistance	APA, ATAP, TANF or food stamp proof of monthly benefit received for past 12 months
<input type="checkbox"/> VA (Veteran's Benefits)	Most recent letter from VA showing monthly amount, including % disabled.
<input type="checkbox"/> Disability income	Disability Pension income history. SSDI (Social Security Disability Income) or SSI (Supplemental Security Income) letter etc...
<input type="checkbox"/> Senior Benefits	Senior Benefits Program income history for prior 12 months for each eligible household member
<input type="checkbox"/> Retirement Pension, IRA, & Annuity income	Income history of prior 12 months for each eligible household member
<input type="checkbox"/> Native corporation dividends	Total of prior 12 month history of Native Corporation benefit statement
<input type="checkbox"/> Rental Income	Any income received in the past 12 months from property for any household members
<input type="checkbox"/> Alimony/Spousal Support	12 month Alimony/spousal support income history
<input type="checkbox"/> All other income not listed	Other types of documentation may be accepted on a case by case basis
<input type="checkbox"/> Profit & Loss statement	For all self-employed household members covering the last twelve months
<input type="checkbox"/> Bank statements*	Bank statements (copy of most current statement for each account) for each eligible household member *ONLY if needed to support income
<input type="checkbox"/> "No income" statement	Signed & notarized by any household member 18+ who is unmarried and is not a full-time student who receives absolutely no income of any kind. Form is not needed if Alaska PFD, child support or Alaska Native shareholder dividends are received.
Supplemental Documentation <i>as needed</i>	
Renters <input type="checkbox"/> Copy of Lease/Rental agreement	
Renters- <input type="checkbox"/> Landlord/Tenant Agreement	Signed by tenant & owner or property management official. If property management official, proof to manage the property will also be required.
<input type="checkbox"/> Copy of Weatherization application	Can be obtained through the weatherization assistance office
Office use only	
<input type="checkbox"/> Lead sign off <input type="checkbox"/> N/A	For homes built before 1978. Assisted living homes must provide a "Renovate Right" booklet to all household members.
<input type="checkbox"/> Child support verification	Received back from the child support office

If you have any questions regarding required documentation, call us at 771-7800

If you need assistance completing this application due to Limited English Proficiency or if you require assistance or accommodation due to a disability, please contact our office at 907-771-7800 for assistance.

Applicant Last Name: _____ **Applicant First Name:** _____

*If applicable- power of attorney or individual assisting with the application & appointments

Name: _____ Contact # _____

Property Address: _____

Mailing Address: _____

Phone number(s): Primary _____ **Secondary:** _____

Emergency Contact name and phone number: _____

Applicant's primary language? _____ **Year House was built*:** _____

*Homes built in 1978 or earlier will be asked to read "Renovate Right" lead safe information booklet and will be required to sign a lead-based paint release form.

Gender (circle one) M / F **Birthdate:** _____ **Age:** _____

Social Security Number: _____

Other Permanent Residents of Household

Name and Social Security Number	Gender (circle one)		Date of Birth Age	
	M	F	_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____

Please describe the modifications needing to be made to your home:

- Stairway modification (stair or chair lift)
- Ramp installation or modification
- Widen doorways/hallways
- Installation of permanent fixtures, appliances or technological features

Other: _____

Income Verification Worksheet

CONFIDENTIAL

Please check if any member of the household has received the following in the past 12 months.

- ATAP / TANF
 Food Stamps
 Senior Benefits
 APA/IA
 LIHEAP (Heating Assistance)
 Section 8, Section 202, Section 811 Housing
 Low-Income Housing Tax Credit
 SSI – Supplemental Security Insurance

Household Members	Received Alaska PFD? If no, please list why-garnished, not eligible, didn't apply	Full Time Student?	Source of Income *Include start & end dates with any employment from the last 12 months. If no income, please indicate NO INCOME.	Office Use Only	
				Amount of income	
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Calculations	Annual Total
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Total Income	

Please list any additional household members or income on extra pages.

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*****PLEASE NOTE WE CANNOT REIMBURSE FOR ITEMS
ALREADY PURCHASED*****

For the Senior Access applicants, please answer the three questions below:

1.) Which of the above senior member(s) will accessibility modifications benefit?

2.) Are you aware of any other sources that may contribute to the needed modifications?

3.) In order to coordinate services, the program asks that you report if you have received assistance, received modifications or repairs or have applied to any of the following programs listed below in the past *two years*:

- CHOICE Medicare Waiver
- DHSS Brokerage Program
- Division of Vocational Rehabilitation
- Access Alaska
- Veterans Administration Loan Guarantee Program
- Veterans Administration Home Improvement Structural Alterations Grant
- Other:
- Other:
- Other:

If you marked one of the above what assistance did you receive?

What agencies or resources did you contact before finding out about the Senior Access Program?

Note: Applying or receiving assistance from other programs does not exclude applicants from the Senior Access Program.

Reasonable Accommodation: If you or any person in your household needs additional accommodation because of a disability, please explain the accommodation needed below.

People with disabilities are entitled to reasonable accommodation. It is the applicant's responsibility to prove the disability and to request reasonable accommodation. It is the sponsoring organization's responsibility to grant accommodations that are reasonable. Reasonable is defined as not too expensive or difficult to arrange. If necessary, the sponsoring organization will help the requestor with comprehension and completion of the grant application and documents.

I or a person in my household has a disability that I believe requires reasonable accommodation.

1. The accommodation I request is: _____

2. You can verify the need for the accommodation requested by contacting:

Name _____ Phone _____

Agency _____

Address _____

Qualifying seniors must meet the definition of a “senior household” under 15 AAC 151.950©(10)(A), except that at the time the household is determined eligible for the program, he or she must qualify under one of the following definitions below. **Please indicate which definition your household meets by checking one of the boxes below:**

- Two or more individuals that are related to each other at least one of whom is 55 years of age or older;
- The surviving spouse of an individual who (a) was at least 55 years of age or older at the time of his or her death and (b) was living in the senior housing unit with the surviving spouse at the time of his or her death;
- An individual who is 55 years of age or older; or
- An individual or individuals described in one of the three definitions above, regardless of their ages, who are essential to the care or well being of the individuals or individuals.

Please Note: Seniors who cannot count the property as their current principal residence may not qualify the household as a “senior household”.

I hereby certify that my household has a person(s) over the age of 55 as defined by the above regulation.

Initials _____ Date _____

Applicant Priority Disclosure: In order to improve programmatic efficiency, priorities maybe given to a property that qualifies for accessibility modifications from the Senior Access Program and from other funding sources.

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United State Code, Section 1001, et.seq. and liability for monetary damages to AHFC, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

I/we hereby authorize Rural Alaska Community Action Program, Inc. (RurAL CAP) to verify my/our employment, income, ownership of property and to make any other inquiries pertaining to my/our qualification for a grant from RurAL CAP. RurAL CAP may make copies of this letter for distribution to any party and they may treat such copy as an original.

Signature of Head of Household

Date

*****Please return the original application with original signatures to our office.
Fax and email are not acceptable*****

Submit the following documents in conjunction with this application (required):

- RurAL CAP Weatherization Application Form
- Child Support Verification
- Income Verifications
- Proof of Ownership
- Proof of Age

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****

Funded through the State of Alaska Senior Citizen Housing Development Fund

Senior Housing Accessibility Modification

Referral Form

Someone such as a physician, case manager, care provider or care coordinator, may complete this letter, it cannot be written by a household member.

Name of person applying for grant: _____

Name of person completing application: _____

Residence Address: _____

Referral Agency/Physician: _____

Phone _____ Fax _____

The following proposed modification to the applicant's property is directly related to the senior's needs. The home improvements are necessary to improve accessibility for the senior(s) living in the household and to allow current residents to remain safely at home for as long as possible.

Proposed Modification: (Please Complete)

Signature

Referral Agency (if applicable)

Name (print or type)

Phone

Address

Date



CHILD SUPPORT VERIFICATION

PART I - REQUEST

TO: Child Support Services Div.
Attention:
550 W. 7th Avenue, Suite 310
Anchorage, AK 99501

FROM: (Name and Address of Lender):

Table with 4 columns: Applicant(s) Name, Soc. Sec. No., Address, Signature*. Rows a, b, c, d.

* Signature authorizes release of information:

Signature of Lender Date

PART II - VERIFICATION

(To be completed by Child Support Services Division)

Are applicants currently obligated to pay child support?

- a. No ___ Yes ___ Monthly Payment Amount: \$
b. No ___ Yes ___ Monthly Payment Amount: \$
c. No ___ Yes ___ Monthly Payment Amount: \$
d. No ___ Yes ___ Monthly Payment Amount: \$

Does a child support arrearage exist for any of the applicants?

- a. No ___ Yes ___
b. No ___ Yes ___
c. No ___ Yes ___
d. No ___ Yes ___

If an arrearage exists, the amount of the arrearage is: \$

Comments:

Information verified by: Name Date



Household Needs Questionnaire SENIOR ACCESS PROGRAM



Sponsored by: Rural Alaska Community Action Program, Inc.
731 E 8th Ave. Anchorage, AK 99501

The following Household Needs Questionnaire information can be provided by the senior or a senior caretaker, but should be completed by Grantee.

The purpose of this questionnaire is to determine and document your need for the Senior Access program. In addition to answering the following questions, you may also be asked to provide additional documentation regarding your need for the program.

CONFIDENTIALITY:

Applicant's files, containing applicant documentation, and any other information concerning your application will be kept confidential. Only program staff and funding sources will have access to your application. No one will have access to your files unless you give prior written permission. You do not have to answer any question that you may not feel comfortable answering.

APPLICANTS Name:	
Caretaker Name and Relationship (if applicable):	
Physical Location:	
Date:	

1. Applicant Location

Can you describe the geographic location of your home?

A rural community (fewer than 2,500 people)	<input type="checkbox"/>
Small city or town that is not suburb of a larger city (2,500 to 50,000 people)	<input type="checkbox"/>
A medium sized city or suburb of large city (50,000 to 100,000 people)	<input type="checkbox"/>
A large city or suburb of large city (more than 100,000 people)	<input type="checkbox"/>

2. Client Information

Do you:

Live alone in a house or apartment	<input type="checkbox"/>
Live in a group environment with assistance (not a nursing home)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Please rate the following Major Life Activities you experiences to the best of your knowledge. Feel free to provide additional information (1=not difficult, 2=some difficulty, 3= substantial difficulty):

1	2	3	Caregiver assists (y/n)	Major Life Activity	Additional Information
				Eating	
				Getting in and out of bed	
				Getting around the house	
				Dressing	
				Bathing	
				Using the bathroom	
				Doing heavy housework	
				Doing light house work	
				Doing laundry	
				Getting around outside	
				Going places outside of walking distance	
				Using the telephone	
				Other:	

Which of the following services do you and your caregiver (if applicable) currently use?

Companion or friendly visitor	<input type="checkbox"/>
Supervision homemaker services	<input type="checkbox"/>
Chore services	<input type="checkbox"/>
Personal care services	<input type="checkbox"/>
Home health services	<input type="checkbox"/>
Adult day care center/ adult day health	<input type="checkbox"/>
Respite in an adult nursing home, adult foster home, or someone else's home	<input type="checkbox"/>
Transportation services	<input type="checkbox"/>
Case management	<input type="checkbox"/>
Support groups	<input type="checkbox"/>
Caregiver training program	<input type="checkbox"/>
Counseling services	<input type="checkbox"/>
Group meals/home delivered meals	<input type="checkbox"/>
Other service(s) (please list):	<input type="checkbox"/>

Which types of modifications do you want to have made to your home? Why?

Modification	Requested	Explanation for why
Stairway modification	<input type="checkbox"/>	
Ramp installation or modification	<input type="checkbox"/>	
Widening of doorways and hallways	<input type="checkbox"/>	
Bathroom		
Installation of permanent fixtures, appliances, or technological features	<input type="checkbox"/>	
Other modifications(s) (please list):	<input type="checkbox"/>	

3. Eligible senior or senior caregiver (if applicable) disclosure statement:

I declare that to the best of my knowledge and belief that all information provided in this document are correct and true concerning my eligibility for the Senior Access program. I understand that any material misstatement may result in denial of Senior Access program modifications.

Printed name of eligible senior or caretaker

Signature

Date

4. Grantee Recommendations (please check one of the following):

I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access program.	<input type="checkbox"/>
I recommend based on this questionnaire that the qualifying senior become a recipient of the Senior Access program and additional third party verification has been requested in order to support the findings of this questionnaire.	<input type="checkbox"/>
I recommend based on this questionnaire that this applicant not receive services under the Senior Access program because there is not sufficient documentation of need for the program. This senior has been offered the chance to appeal my determination by providing third party and other evidence of need.	<input type="checkbox"/>

5. Signature of Grantee

Printed Name

Signature

Date



SENIOR ACCESS PROGRAM SCOPE OF WORK

Sponsored by: Rural Alaska Community Action Program
731 E 8th Ave.
Anchorage, AK 99504



Applicant Information	
Applicant Name:	Date:
Physical Location:	
City and State:	Phone:
Prepared By:	

ESTIMATED EXPENSES:					
Location	Work Required	Apprx. Qty. and Unit	Total Material	Total Labor	Material and Labor Total
Total Expenses			\$		

Signature of eligible senior: _____ Date: _____



SENIOR HOUSING ACCESIBILITY MODIFICATIONS:

SENIOR ACCESS PROGRAM



LANDLORD - TENANT AGREEMENT

PERMISSION TO ENTER PREMISES / RENTAL AGREEMENT

This **Landlord Tenant Agreement** (the "Agreement"), is made as of this ____ day of ____, 20____, by and between ____ (the "Tenant"), who reside(s) at ____ (the "Property") and ____ the "Owner" of the Property, and ____ ("the Grantee"), having its principal offices ____.

1. **PURPOSE.** The Grantee has applied for funds from the Alaska Housing Finance Corporation ("AHFC"), as administrator of the Senior Citizen Housing Development Fund according to the requirements in 15 AAC 154.100 and 15 AAC 151.950, and AHFC's rules for the Senior Housing Accessibility Modifications Program (Senior Access Program), all as may be amended and supplemented as needed. SCHDF funds are used, in part, to provide **grants** to senior households to make needed accessibility modifications to a qualifying senior's current principal residence.
2. **REPRESENTATIONS AND WARRANTIES.** The Owner, Grantee and Tenant have read and understand the Terms and Conditions identified below and agree to abide by such Terms and Conditions as part of this Agreement.
3. **TERMS AND CONDITIONS.**
 - (a) **PERMISSION TO ENTER.** Owner/Agent authorizes the Grantee or its contractor(s) to conduct related building inspections and assessments, repairs, and improvements related to the accessibility modifications included in the Scope of Work. Any materials installed under this Agreement shall remain as part of these premises.
 - (b) **AMOUNT OF GRANT.** The amount of materials and labor provided by the Senior Access Program Grantee will not exceed \$10,000 per rental unit.
 - (c) **SCOPE OF WORK.** An Addendum defining the Scope of Work to be accomplished on this building will be attached to this Agreement. The Grantee and the Owner agree that only accessibility modification work detailed Addendum, plus any written change orders as approved by the Grantee, is eligible under this project. The Tenant and Owner understand and agree that if the Tenant or Owner request a contractor to perform work not listed in the scope of work or on any approved change orders, the requester is solely responsible for the payment for such additional work.
 - (d) **INSPECTION.** The Grantee shall have the right to inspect the Property during reasonable hours throughout the course of this project. The Owner also authorizes the Grantee or AHFC to inspect the Property upon 24-hour notice and during normal working hours.
 - (e) **TENANT RENTS.** Commencing on the date the Owner and/or Tenant signs that work is complete and continuing for a period of 24 months, Owner agrees not to increase rents on units benefiting from the modifications. If a lease in effect expires prior to the end of the 24-month period, a new lease may be signed, but rents will remain at the previous level until the expiration of the 24-month period, unless demonstrably related to matters other than accessibility modification. Demonstrably related to matters other than accessibility modification work performed is defined as an increase in excess of 25% per year in (1) Fair Market Value of rental units, (2) property taxes, or (3) the rate of utilities paid by Owner. Any increases should be split equally between all units in the building. This Agreement applies to present tenants and any subsequent tenants for the 24-month period. If a tenant feels they have had rents increased contrary to the provisions of this Agreement, or feels they have received an eviction notice without cause, they may contact Alaska Legal Services or the Grantee.
 - (f) **TENANT TENURE.** Owner also agrees not to terminate or evict any covered tenants or any subsequent tenants, commencing on the date the Owner and/or tenant signs that work is complete and continuing for a period of 24 months. This provision is in effect provided the tenant complies with all obligations owed to the

Owner in accordance with any leases or rental agreements between the Owner and tenants. This Agreement applies to present tenants and any subsequent tenants for the 24-month period.

- (g) **LANDLORD TENANT LAW.** In addition to the provisions outlined above, all provisions of the Alaska Uniform Landlord and Tenant Act (AS 34.03.010-380) apply to the Owner and tenants who are parties to this Agreement.
- (h) **INDEMNIFICATION.** The Owner shall indemnify, hold harmless and defend Alaska Housing Finance Corporation, the State, the Grantee, their officers, agents, and employees from all liability, including costs and expenses, for all actions or claims resulting from injuries or damages by any person or property arising directly or indirectly as a result of any error, omission or negligent act of the Grantee, its contractors or anyone directly or indirectly employed by the Grantee in the completion of the project or the performance of this Agreement.
- (i) **VIOLATION OF AGREEMENT.** Upon violation of any of the provisions of this Agreement by the Owner, the Grantee shall give written notice thereof to the Owner, as provided below in NOTICES. If such violation is not corrected to the satisfaction of the Grantee within thirty (30) days after the date such notice is given, or within such further time as the Grantee in its sole discretion permits, the Grantee may declare a default under this Agreement, effective on the date of such declaration of default and notice thereof to the Owner, and upon such default the Grantee may: (1) terminate this Agreement; (2) exercise such other rights or remedies as may be available to the Grantee, at law or in equity.

Either party to this Agreement may bring an action for specific performance of its terms. Tenants residing in dwelling units covered by this Agreement are intended third-party beneficiaries of any of the provisions of the Agreement related to rental increases, evictions, and terminations of tenancies.

- (j) **AMENDMENT.** This Agreement shall not be altered or amended except in writing signed by the parties hereto.
- (k) **NOTICE.** Any notice, demand, request or other communication that any party may desire or may be required to give to any other party hereunder shall be given in writing, at the addresses set forth above, by any of the following means: (1) personal service; (2) electronic communication, whether by telegram or telecopier, together with confirmation of receipt; (3) overnight courier; or (4) registered or certified United States mail, postage prepaid, return receipt requested. Such addresses may be changed by notice to the other party given in the same manner as herein provided. Any notice, demand, request or other communication sent pursuant to either subsection constitute one and the same agreement.
- (l) **SALE OR TRANSFER OF PROPERTY OR CHANGE IN TENANT.** This Agreement shall run with the land and/or modified unit in the case of sale or transfer to other owner/agents. The Owner is responsible to give official notice of this Agreement to any subsequent owners.
- (m) **CHANGE IN TENANTS.** This Agreement applies to present tenants and any subsequent tenants for the 24-month period, and the Owner agrees to provide subsequent tenants with a copy of this Agreement.

[Tenant must fill out and sign below]

The Tenant represents and warrants as follows:

TENANT Certification

I, _____, certify my permanent residence is a dwelling unit located at:
Name (Please print.)

Residence or Physical Address _____ City _____ State _____

I further certify that I am a Senior Household, in need of the accessibility modifications covered under this Agreement, and do not have nor do I know of other resources that could fund these modifications. I have read and understand the terms of this Agreement.

Signature _____ Date _____

[Owner must fill out and sign below]

The Owner represents and warrants as follows:

OWNER / AUTHORIZED AGENT Certification

I, _____, certify that I am the Owner/authorized agent, herein
 Name (Please print.)
 referred to as "Owner" for the Property located at:

Residence or Physical Address _____ City _____ State _____

The Property is presently rented to the following Tenant(s) who will benefit from the accessibility modifications, herein referred to as "Tenant": _____ for \$ _____ rent per month year (check one).

I have read and agree to the terms of this Agreement.

Signature of Owner / Authorized Agent * _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Phone No.: _____ Fax No.: _____ Msg. No: _____

AGENTS: INCLUDE A COPY OF YOUR AGENT AGREEMENT WITH THE OWNER AND PROOF OF OWNERSHIP.

FOR OFFICE USE ONLY [Grantee must sign below]

The Grantee represents and warrants as follows:

SENIOR ACCESS PROGRAM GRANTEE AUTHORIZED AGENT Certification

I have read and agree to the terms of this Agreement.

Signature of Senior Access Program Grantees Authorized Agent _____ Date _____

[Grantee Name], [Grantee Address]
 [Grantee Telephone]/ [Grantee Fax]