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INFORMATION & PROPERTY OWNER APPROVAL FORM
HOUSING MODIFICATION

All parties should keep a copy of this signed form for their records.

Person's Name _____

EMS Assessor _____

Telephone ( ) _____ **Extn** _____ **Mobile** _____

Service Organisation _____ **Date** __/__/____

Proposed Modifications Requested

MY EMS ASSESSOR HAS TOLD ME AND THE HOME OWNER ABOUT:

- The Disability Support Services (MSD) funding guidelines and processes for housing modifications as outlined in the EMS Housing Manual.
- To be eligible for funded housing modifications the person will be able to benefit from the funded modification for at least 2 – 3 years.
- The person will not be eligible for funding for modifications of the same or similar type again unless extenuating circumstances exist which are outlined in the Housing Manual.
- The minimum amount of funding available for housing modifications is $200.00 (GST inclusive).
- The maximum amount of funding available for housing modifications to enable the person to get into and between levels of the home is $15,334 (GST inclusive).
- The modification (for people aged 16 years and over) is subject to the outcome of an Income and Cash Asset Test where it is estimated that modifications will cost more than $8,076 (including GST plus the cost of any previous modifications funded by the Ministry after the person has turned 16 years of age).

  If the person does not want to undergo an Income and Cash Asset Test, they may be eligible for a maximum amount of $8076 (GST inclusive minus the cost of any previous funded modifications after the person has turned 16 years of age) towards the cost of the housing modifications.
- The modification is subject to Territorial Authority approval of a building consent or resource consent where required. Where a housing modification requires a building consent, the cost of the Council building consent fee is included in the total cost of the modification. A Consultant is used to complete the plans and the property owner will be contacted for signing authority for the consent application.
- The modification is subject to compliance with the building code, any property or land caveats and restrictions, and any conditions on the Certificate of Title, property file and the District Plan.
- The property owner is responsible for the costs of any remedial work identified prior to or during the modification to allow the funded modification to be completed.
- How to care for and use the modification safely. All ongoing day-to-day maintenance, cleaning and safety of the modification is the person's responsibility.
- The modifications and items of housing modification equipment owned by the person (such as chair or platform stair lift, ceiling mounted hoist, bidet or other) are funded for the person and become a permanent part of the home.
- All insurance, repairs, maintenance, servicing, replacement or removal and restoration of the funded modification and/or items of housing modification equipment are the property owner's responsibility (with the exception of 1m & 1.5m low rise lifts and removable ramps – see below).

  A 1m or & 1.5 m low rise lift or removable ramp is owned by the Ministry of Health and is on loan to the person for as long as they need it. All repairs and servicing of these items is the responsibility of **Accessable**, including removal and minimal 'make good' when the item is removed.

  For repairs freephone Accessable on 0508 001 002 or phone 09 620 1700.

  These items will be returned to Accessable for reissue to another person when no longer needed. Accessable's approved agent must be allowed to enter the property to complete all repairs, servicing or removal.
- The person and property owner have seen the proposed plan and costs, and have signed the plan and quote to show their agreement with the proposed modifications. They know what the proposed modification will look like including the specifications of any items included in the modification.
- The housing modification will be completed by an Accessable Approved Contractor or Supplier, who will carry out the works on order from Accessable. No changes can be made to the agreed plan at the construction phase without written approval from Accessable.

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Person's Name: _____

PRIVACY STATEMENT

Accessable will provide Disability Support Services with information about the services the person may receive.

Provision of information in this form and service request is voluntary but assessment for funding may depend upon all relevant information being provided by the person.

The person has the right to access the information held about them and the right to have corrections made to this information.

The Health Information Privacy Code applies to the information collected under this service request.

PERSON'S AGREEMENT I agree to the information given in the service request and to the Statement above.

Name: _____ **Relationship to Person:** _____

Signature: _____ **Date:** ____/____/____

The signature of the guardian/agent is required when the person named, is under 16 years or is unable to complete and/or sign this form.

PROPERTY OWNER DECLARATION

This section must be completed by the registered property owners and/or their authorised agent for all Disability Support Services **funded modifications**

As the legal owner of the property your approval for any Disability Support Services funded housing modifications must be given prior to any work commencing. Please ensure that you have read the Information on Page 1 of this form.

Please take the time to examine the plans, specifications and costs of the proposed modifications before providing signed approval for these works to be completed. If you have any questions please discuss these with the EMS Assessor.

Where you wish to do any of the following, please notify the **Accessable** Approved Contractor and EMS Assessor so they can note your request on the funding service request:

- retain any demolition materials or fittings that will be removed to enable the proposed modification to proceed.
- vary or upgrade the specifications or modifications or complete the modifications yourself – your EMS Assessor will discuss an alternative Cost Contribution process around how to manage the request.

☐ I am/we are the registered property owner(s) or the authorised agent

☐ Property in Trust (all signatories to sign) ☐ Power of Attorney (please attach letter from solicitor)

☐ Housing New Zealand Corporation (HNZC) (please include authorised HNZC representative's signature and title below)

Property Owner's Name(s): _____

_____

_____

Property Owner Postal Address: _____

Property Address: _____

Lot Number: _____ DP Number: _____

Currently occupied by: _____

Tenant / Occupant's Name

Signature: _____ **Date:** ____/____/____

Signature: _____ **Date:** ____/____/____

HNZC Representative Name & Title: _____

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