



**Homeowner Acknowledgement for Accessibility or Home Adaptation Installation**

**Participant Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Property Owner:** \_\_\_\_\_

I hereby acknowledge and certify the following:

- I am the owner of the property located at the address specified above.
- I will let PA Health & Wellness (PHW) make changes to the house at the above address.
- I understand PHW will not return the home back to how it was.
- If the renter/participant passes away, I understand that PHW will bring the construction to appropriate completion ensuring safety of the premises. If the renter/participant enters a hospital or nursing home, PHW will finish contracted work. PHW will not remove any work already done.
- As a landlord, I understand that I cannot increase rent because of the changes.
- I attest that the property is current on all taxes and/or a payment plan in effect and is not in a foreclosure.

By signing below, I agree to the terms as stated.

**Property Owner/Authorized Representative Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Property Owner/Authorized Representative (Print)**

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