In-Home and Family Support Program

Landlord Consent

Note To Landlord: Your tenant (or his family) has applied for a grant from the In-Home and Family Support Program (IHFSP) to pay for home modifications needed as a result of a household member's disability. Before eligibility for this grant can be determined, IHFSP policy requires that the property owner/landlord complete this form as written consent for the modifications requested. Please complete all items on the form. If you have any questions, you may contact the case manager at the number below.

I, the undersigned, consent to have the following modifications made to the dwelling located at:

Address of Dwelling (Street,City,State, ZIP Code)

Name of Tenant

Modifications to be made:

I also attest that I have the authority to agree to the modifications described above. I have notified the tenant named above of any changes to his/her lease agreement that may occur as a result of the modifications specified on this form.

Landlord's Telephone No. (include A/C)

Signature – Landlord

Date

Landlord's Address (Street,City,State, ZIP Code)

Return completed form to:

Case Manager's Name, Address, Telephone No.