



REQUEST FOR RESIDENCE MODIFICATION

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Address of residence to be modified:

Modification for:

Individual: _____

I hereby request financial assistance from the North Carolina Division of Services for the Blind (NCDSB) for modifications to the above-referenced property to improve usability and accessibility for, _____, who is a person with a disability.

DESCRIPTION OF PROPOSED MODIFICATIONS: (Either Option Below)

All specifications included in the modification specifications dated _____, which is attached as "Exhibit A" and is incorporated by reference herein.

Basic description of modifications to property:

INDIVIDUAL FINANCIAL AGREEMENT---THIS SECTION APPLIES ONLY IF COMPLETED

PART 1: Applies if the individual is required to make a flat-rate contribution toward the modification package:

I, _____, understand that I will be held responsible for the following financial contribution _____ dollars and _____ cents (\$ _____). The contractor will bill me for this amount and payment will be due at the time the modifications are completed.

PART 2: Applies if individual will be paying for specific items within the modification specifications:

I, _____, understand that I will be held responsible for the cost of the modifications to my residence that are listed in this outlined section and possibly detailed in the residence modification specifications which I have read. If you want cost estimates before you sign this form, you are encouraged to obtain them from a contractor who is qualified to perform these modifications. Please be aware that the modification process will not continue until you have signed this form.

- Item 1: _____
- Item 2: _____
- Item 3: _____
- Item 4: _____



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I have reviewed the plans and specifications prepared by NCDSB's rehabilitation engineer/technician, approve them and agree that the North Carolina Division of Services for the Blind may have the modifications completed in accordance with these specifications. There shall be no deviation from these plans without prior consultation with and written approval from NCDSB's rehabilitation engineer/technician. I understand there is or will be a contract between the NCDSB and the contractor that will make the modifications to the above-referenced property.

I am fully aware that these modifications represent a permanent structural change to the property and that the North Carolina Division of Services for the Blind is not responsible for removing the planned modifications from the property or for restoring the property to its original condition. Furthermore, I understand that the Division of Services for the Blind may at its discretion, remove certain Agency-purchased, freestanding equipment when it is no longer needed by the individual with a disability.

I agree to have all required maintenance performed and take whatever action necessary to maintain the warranties that apply to the above-referenced modification(s).

I agree not to hold North Carolina Division of Services for the Blind liable for any loss, damage or injury as a result of this modification.

Individual Signature

_____ Date

_____ Property Owner Signature

_____ Date

_____ Address of Individual

Telephone _____

_____ Address of Property Owner (if different from individual)

Telephone _____

_____ Witness

_____ Date