

ACCESSIBILITY EMERGENCY GRANT PROGRAM

Application and Agreement

Federal law, under the Fair Housing Act as amended in 1988, requires property owners to allow **reasonable modifications and reasonable accommodations to the property for persons with disabilities.**

A modification is generally a structural change to an area making it accessible to persons with disabilities. The cost of making the modification may fall on the person making the request. Accessible means any improvement, addition, modification, or feature that specially adapts a home's accessibility and/or circulation for the full use of the dwelling to a disabled person. A request for reasonable accommodation may be denied if providing the accommodation is not reasonable; i.e., if it would impose an undue financial and/or administrative burden and the requested accommodation does not constitute a fundamental alteration of the provider's operations.

Preferred language? () English () Spanish () Other: _____

(Applicant) _____ has provided documentation to the Housing Rehabilitation Office of the City of Napa that he/she is disabled and needs the following reasonable accommodation.

Address: _____

Describe the Modifications: _____

If the family is approved to receive an Accessibility Emergency Repair Grant to pay for the access modification, the following people need to sign indicating that they understand and agree to the following:

The Napa Housing Rehabilitation Staff shall determine the eligibility of the applicant for the Accessibility Emergency Repair Grant Program based on the income guidelines for the program and the certified disability of the family.

THE PROPERTY OWNER authorizes the renter to make reasonable modifications to the unit described above in the manner described above. The property owner is also agreeing that the renter will not be responsible to return the unit to its original state after the expiration or termination of the rental agreement/lease.

Landlord Signature and Date: _____

THE TENANT authorizes the Napa Housing Rehabilitation Program staff to evaluate and approve the scope of work for the modifications described above, to contact certified contractors, to monitor the progress of the project, and to process payments, without cost to the owner of the property.

Renter Signature and Date: _____

The NAPA HOUSING REHABILITATION is in agreement with the approval of the scope of the work, to contact certified contractors, to monitor the project and to process payments. There will be no cost to the property owner.

HRS Signature and Date: _____

Contractor Assigned to the Project: _____

Grant Amount: \$ _____