

## Important Information

Customers seeking approval for modification(s) to their property, are required to provide medical documents supporting the reasoning of the modification request. It is recommended that all Hume Customers seeking a Modification Request read the (Hume’s ‘Modification Statement’ and ‘Modification Policy’) prior to submitting this request form. These forms can located on the Hume website.

### Documents Required

|   |  |
|---|--|
| <p><b>Minor Modifications</b></p> <p>Documents Required</p> | <ul style="list-style-type: none"> <li>o Medical Certificate</li> <li>o Written report from the Doctor / Health Care Professional</li> <li>o Completed and Signed Modification Request</li> </ul>  |
| <p><b>Major Modifications</b></p> <p>Documents Required</p> | <ul style="list-style-type: none"> <li>o Medical Certificate</li> <li>o Written report from an Occupational Therapist or Specialist</li> <li>o Complete and Signed Modification Request</li> <li>o NDIA Support Package Details</li> <li>o Other supporting documents</li> </ul> |

## Modification Details

Name(s): \_\_\_\_\_

Property Address:

\_\_\_\_\_

Contact Details:

\_\_\_\_\_

|  |   |
|--|---|
| Medical Reasoning for Modification Request:  |   |
| Description of Modification's required to the property (eg – Hand rail to be installed to the bath): |   |
| Customer agrees to the following upon vacating:  | <ul style="list-style-type: none"><li>○ Modification to be left in the property, as a product of Hume Housing</li><li>○ Modification to be removed at the expense of the tenant</li></ul> |

Tenant Signature: \_\_\_\_\_

**INTERNAL OFFICE USE ONLY**

| <b>Documents Required</b>  |   |                                  |
|--|---|----------------------------------|
|  | <b><u>Minor Modification</u></b>  | <b><u>Major Modification</u></b> |
| Minor or Major Modification?   | <ul style="list-style-type: none"> <li>○ Completed &amp; Signed Modification Request</li> <li>○ Medical Certificates</li> <li>○ Written report from Doctor / Health Care Professional</li> </ul>  |                                  |
| Customer agrees to complete one the following upon vacating: (please tick) | <ul style="list-style-type: none"> <li><input type="checkbox"/> Modification to be left in the premises as property of Hume</li> <li><input type="checkbox"/> Modifications will be removed</li> </ul>  |                                  |
| Minor modifications required and documents supplied by the customer        | <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed and Signed Modification Request Form</li> <li><input type="checkbox"/> Medical Certificates</li> <li><input type="checkbox"/> Written report from Doctor and/or Health Care Professional</li> </ul>   |                                  |
| Major modifications required and documents supplied by the customer        | <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed and Signed Modification Request Form</li> <li><input type="checkbox"/> Medical Certificates</li> <li><input type="checkbox"/> Written report from an Occupational Therapist or Specialist</li> <li><input type="checkbox"/> NDIA Support Package Details</li> <li><input type="checkbox"/> Other support Documentation</li> </ul> |                                  |

|                           |  |
|---------------------------|--|
| <b>Customer Name</b>      |  |
| <b>Customer Signature</b> |  |
| <b>Date</b>               |  |

