

## **Housing Modification Property Release Agreement**

CLIENT'S NAME			CLIENT'S ID	
CLIE	ENT'S RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
PRC	PERTY OWNER / MANAGER'S NAME			
IWO	NER / MANAGER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
By signing this document, the property owner / manager acknowledges their review and approval of work to be completed by a licensed and bonded contractor as described in this document.				
The physical modification addressed in this agreement, in compliance with Fair Housing Standards, is a reasonable accommodation for the client (tenant). The modifications being proposed to the client's residence are necessary to ensure the client's health, welfare, safety and enable the client to function with greater independence. A licensed and bonded contractor will perform all work on site. All modifications will meet health and safety standards of local and state regulations.				
The owner/manager agrees that:				
•	Work will only be performed as authorized by the client's case worker and described in the bid.			
	The client, DSHS / ALTSA or AAA will not be required to restore modifications specifically designated in this agreement.			
•	The owner / manager reserves the right to approve the quality of finished work and will be notified upon completion.			
	Any complaints must be forwarded to completion of work.	within 10 calendar days of notif	ication by the client	's case worker of
	Any defects in workmanship or materials must be reported within one year from the date of completion or as specified in state law.			
The modification to be completed is .				
A photocopy of this agreement shall be valid as the original.				
OWNER / MANAGER'S SIGNATURE DATE				

Enclosure: Contractor's Bid