

Request for Property Modifications



Application for Owners Permit

Property Address	Address:
	Suburb:
	Postcode:
Tenant(s) Name & Contact Details	Name(s):
	Phone or Email:
Advocate/Doctor/OT - Details (if applicable)	Name(s):
	Relationship:
	Phone and Email:
Modification Details	

If any item is subject to a Hire Purchase Agreement, please provide details below:

Item Description	
Name of Company	
Address	
Phone Number	
Contract End Date	

Tenant Signature: _____

Date: _____

Permit Conditions

1. Housing Choices Australia is not liable for any costs involved in making modifications or subsequent reinstatement works.
2. Work is to be carried out by qualified tradesman, or in a tradesman-like manner, without damage to the property.
3. Work carried out must be carried out in compliance with regulations of any relevant Authority concerned, e.g. Gas, Electricity, Municipality and required permits obtained.
4. Copies of compliance certificates must be provided to Housing Choices Australia upon completion of works.
5. In the event the tenant vacates the property, the tenant agrees to reinstate the premises to its original condition or bear the cost relating to such works. All works to be carried out in a professional manner.
6. Any appliance installed, must be maintained at tenant's expense.
7. Any appliance/alteration left in the property, will become the property of HCA, if so required.
8. All plans, quotes, sketches, copies of permits must be attached to this application.

9. An Occupational Therapist (OT) report is required for any proposed disability modification to the property.

10. Copies of keys, swipe cards, qualified tradesman invoices must be provided to Housing Choices Australia immediately once work is completed.

11. All approved modifications are to be completed within three months of approval. If works are not completed within the three months this approval is withdrawn.

Please Note: No works can take place, until such time as this permit is returned to you endorsed with approval to commence works.

OFFICE USE ONLY	PERMIT ENDORSED	YES	☐
		NO	☐
	PERMIT GRANTED OR REFUSED	GRANTED	☐
		REFUSED	☐

Property Team Leader: (if refused, please summarise reason below)

Housing Officer: Signature: _____ **Date:** _____

Property Officer: Signature: _____ **Date:** _____

Property Team Leader: Signature: _____ **Date:** _____

INTERNAL USE ONLY

ASSESSMENT

Property Number: _____

Entity: _____

Program: _____

Resident: describe resident impacts of modifications

Property: detail impact on the property/describe any approvals or expert consultant advice required

List & Attach all supporting documentation and correspondence – *as per Property Modification Procedure*

- 1.
- 2.
- 3.
- 4.
- 5.

Financial: provide cost of each modification and any other associated expenses. Provide details of any alternative funding available and arrangements.

SCOPE	COST	FUNDING	COST CODE/EXTERNAL SOURCE NAME	AMOUNT
<i>List each modification</i>	\$	<i>Internal/External</i>	<i>Full Cost Code or/ name of external source</i>	\$
	\$			\$
	\$			\$
	\$			\$
<i>List any associated costs e.g.; engineers report</i>	\$			\$
TOTAL	\$			\$