

Residential Access Modification Program (RAMP)

Landlord Letter of Acknowledgement (Permanent Modifications)

This form is to be submitted with the RAMP application.

Ι, _		_ , of ,
	Landlord (PRINT)	Address
_	,,,,,,,	Postal Code
ack	cknowledge and agree to the following terms and conditions	s:
1.	I own the property located at	, (the Property)
_	Address	Municipality
2.		and has Considerated in Dramants And
3.		er the Condominium Property Act.
	odifications	the applicant who resides at the Floperty.
		n my Property as outlined in the Wheelchair Modification Proposa
5.	I understand that the Ministry of Seniors and Community Supports must further approve any variances to the original Wheelchai Modification Proposal before being carried out.	
6.	I, or a contractor that I hire, or the applicant hires that I consent to, will perform the wheelchair modifications on my Property.	
7.	No other wheelchair modifications have previously been made to the Property under the Residential Access Modification Program or the previous Home Adaptation Program.	
8.	I understand that any wheelchair modifications to the Property performed under RAMP must be done in compliance with all applicable municipal and provincial building codes and standards. (refer to page one (1) of the RAMP instructions)	
9.	I understand that all the wheelchair modifications are to be done to the Property as outlined in the applicant's RAMP application are to be completed no later than ninety (90) days after the date of the approval letter.	
10.	I understand that the wheelchair modifications are of a permanent nature, and in the event that the applicant vacates the Propert the wheelchair modifications are to remain and become my property. If the modification is not required after the tenant leaves, will notify Alberta Senior and Community Supports.	
11.	If I continue to rent to a tenant requiring the use of a wheelchair on a regular basis, the equipment may be left in place for the us of the next disabled tenant.	
RA	AMP Program Conditions	
12.	I understand that the applicant must provide original paid invoices and/or receipts detailing the wheelchair modifications performed on my Property to the Ministry of Seniors and Community Supports no later than fourteen (14) days immediately following the completion date of the wheelchair modifications.	
13.	I understand that the applicant, as grant recipient under RAMP, may receive up to \$5,000 for the wheelchair modifications unde RAMP, and will be solely responsible for paying whoever performs the work.	
14.	I understand that I shall have no recourse against the Ministry of Seniors and Community Supports if the applicant does not pay fo the work to install the wheelchair modifications.	
15.	 I understand that the Ministry of Seniors and Community Supports makes no assurance as to the quality and fitness of the worl performed. 	
16.	 I understand that I am to provide written confirmation as to when the applicant took residence; term of the applicant's lease; and the amount of the monthly rent paid; to Alberta Seniors and Community Supports. 	
Sig	igned this day of	,
,	igned this day ofmonth	year
	Signature of Landlord	Signature of Witness
	Return this completed form by mail or fax, to: Alberta Seniors and Community Supports	Fav. (700) 427 0440

This information is being collected under the authority of Sections 4 and 31(1)(a) of the Alberta Housing Act, for the purpose of determining eligibility for the Residential Access Modification Program. The information will not be disclosed to any other person or organization except as authorized by the Freedom of Information and Protection of Privacy Act (FOIP). For further information write or phone the FOIP Coordinator at: Alberta Seniors and Community Supports, P.O. Box 927, Edmonton, Alberta T5J 2L8. Telephone, (780) 415-6039, or toll free at 310-0000 and then (780) 415-6039.

Fax: (780) 427-0418

Telephone: (780) 427-5760

To call toll free: 310-0000 then dial (780) 427-5760

P.O. Box 927

Edmonton, AB T5J 2L8

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