# Terms and Conditions

To be completed by the client prior to any housing modifications being started.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client name** |  | | | **Client email** | |  | | |
| **You are making this request in the knowledge that:** | | | | | | | | |
| 1. You have a disability which is likely to continue for a minimum of 6 months AND you do not have any entitlement to payment through the Accident Insurance Act (ACC) 1998. 2. You are a New Zealand Resident or qualify under a reciprocal funding agreement. 3. The funds will be used to pay for the recommended essential disability related modifications. 4. If you do not own the home that is to be modified, you will seek written approval for the modifications from the registered property owner. 5. Where the service request totals (including the sum of previous applications) exceed $8076 (including GST), you must be willing to undergo an Income and Cash Asset Test conducted by Work and Income New Zealand. This will determine the sum over and above $8076 (including GST) which you will be entitled to receive. 6. Where the Income and Cash Asset Test determines that you are required to contribute towards the cost of the modifications, this must be paid directly to the contractor and will constitute a separate contract between you and the contractor. 7. Note: All repairs and maintenance are the property owner’s responsibility. This includes any costs associated with testing for asbestos or the removal of asbestos material prior to or during a modification. The Ministry of Health does not provide funding for any asbestos related removal or testing. 8. Further service requests for Housing Modifications will not be considered unless extenuating circumstances exist. 9. If any of these Terms and Conditions are not met or kept by you, you may be required to repay part or all of the expenses incurred. 10. No reimbursement will be paid retrospectively for any work undertaken unless written budget approval has been obtained from Enable New Zealand. 11. For any modifications that include any of the following equipment: low rise lifts, hoists, modular ramps: when you no longer require the equipment, or when it is no longer meeting your needs, it must be returned to Enable New Zealand so that it can be re-issued. Enable New Zealand or the Assessment Service should be advised when the equipment is no longer required and arrangements will be made for its removal. The cost of removal of any equipment components of a modification is met by the Ministry. The cost of any rectification work (eg: the cost of reinstating steps where an external lifjt has been removed) is met by the property owner. In situations where you have made a contribution toward the cost of the equipment, you should be aware that the equipment belongs to the Ministry of Health. No reimbursement will be made for any contribution you have made. 12. You have read and understood the statement regarding the Privacy Act and consent to the information being used as described. 13. You have sighted the preliminary drawings/plans and agree with the proposed solution.   **Note:** *Enable New Zealand will provide the Ministry of Health with information about the services you may receive. You have the right to access the information held about you and have the right to have any corrections made to this information. The Ministry of Health acknowledges that under the Health Information Privacy Code (1994) all information will be received in the strictest confidence.* | | | | | | | | |
| **Client signature** | | | | | | | | |
| **I declare that the information in this housing modification service request is true. I have read, understood and agree to the Terms and Conditions regarding the housing modifications grant including the use of this information.** | | | | | | | | |
| The signature of the guardian/agent is required when the person named as the client is under 16 years, or is unable to complete and /or sign this service request | | | **Client signature** | |  | | **Date** | **/****/** |
| **Name of the person signing** | |  | | | | |  | |
| **Relationship to client** | |  | | | | |  | |
|  | |  | | | | |  | |

# Property Owner Approval

This section must be completed by the Registered Property Owner and/or their authorised agent for all housing modifications undertaken by Enable New Zealand for the Ministry of Health.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** |  | **Client email** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **As the legal owner of the property you must approve of any modifications prior to any work commencing** | | | | | | | | | | | | | |
| **Please take time to examine the concept sketch/plans of the proposed modifications and ensure these meet your approval. If you approve of the proposed modifications, complete this form and return it to the EMS Assessor.**  *As the legal property owner, you are aware that:*   * If you have any queries or issues regarding the work that is being proposed, you should contact the EMS Assessor to discuss these. * Only essential disability related modification applications that meet the Ministry of Health criteria will be considered. * All costs associated with repairs and maintenance are the responsibility of the property owner, this can include upgrading work on water systems and issues relating to water pressure, asbestos, rotten floorboards etc. * Redecoration of the entire area is not allowed for. Only minimal make good to the immediate area affected by the modifications is approved by Enable New Zealand.   *Please notify the EMS Assessor immediately (in writing) if you wish to:*   * Retain any demolition materials or fittings no longer required for the proposed modifications. * Vary or pay for upgrading the specifications of the proposed solution. | | | | | | | | | | | | | |
| **Property Owner declaration** | | | | | | | | | | | | | |
| I have examined the preliminary drawings/plans relating to the proposed housing modifications and give permission for these modifications to be undertaken to this property. | | | | | | | | | | | | | |
| \*Lot |  | | DP |  | | | or |  | | |  | | |
|  | \*legal description | | | | | |  | Valuation assessment number: | | |  | | |
| ***\*legal description of property can be obtained from rate demand or valuation assessment.*** | | | | | | | | | | | | | |
| Please select the option below that applies to you:   |  |  | | --- | --- | | Registered property owner(s) or authorised agent | Māori Land: Owner(s) of the dwelling to sign | | Property in trust (all signatories to sign) | Power of attorney (please attach letter from solicitor) |   Kāinga Ora (please include authorised representative’s signature and title below) | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | |  | |
| As the legal owner or authorised agent of the property: | | | | |  | | | | | | |  | |
|  | | | | | (Property Address) | | | | | | | | |
|  | | | | |  | | | |  | /  / | |  | |
|  | | | | | Signature | | | | Date | | | | |
| **Property Owner contact details** | | | | | | | | | | | | | |
| Property Owner contact address | | | | | |  | | | | | | |  |
|  | | | | | | (If different from above) | | | | | | | |
| Property Owner contact number and email | | | | | |  | | | | | | |  |
| This document may also be used by Enable New Zealand or their authorised agent to obtain the required Building Consent for the proposed Housing Modification for the Territorial Authority (BCA) | | | | | | | | | | | | | |