



Homeowner Assistance Program (HoAP) FORM H1

Homeowner Mobility Modification List Required Form

Applicant Name:		Applicant ID #:	
Co-Applicant Name: <i>(If Applicable)</i>		Damaged Property:	

MOBILITY MODIFICATIONS:
 The Homeowner Assistance Program (HoAP) allows for mobility modifications in the home for those applicants who request the modifications as indicated below. Documentation may be required for certain modifications. Identify if the applicant will or will not be requiring mobility modifications. The applicant must initial this choice. If modifications are requested, complete Sections 1 and 2 below. Items chosen in Sections 1 and 2 may require that additional site-specific adjustments be performed to accommodate the mobility modifications.

<input type="checkbox"/> Will Require Mobility Modifications Applicant Initials: _____	<input type="checkbox"/> Will Not Require Mobility Modifications Applicant Initials: _____
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SECTION 1: Applicant shall indicate desire by placing X under Yes or No below and initial any "Yes" response.			
Yes	No	Item	Applicant Initials
X		1 Sanitary modification (If desired, choose a, b, c, or d below)	
		1a Grab Bars – at Toilet and Shower	
		1b Replace Bathtub with Tub/Shower including Blocking and Grab Bars	
		1c Replace Bathtub with ADA Accessible Bathtub (w/ blocking, grab bars, vanity, wand, seat)	
		1d Replace Bathtub with ADA Roll-In Shower (w/grab bars, vanity, wand, & fold down bench)	
		2 Bathroom Vanity (Roll under accessible)	
		3 Kitchen – Accessible Roll under Sink & Front controls on any appliances	
		4 Kitchen – Pull out drawers in lower cabinetry	
		5 Visual and Audible Smoke Alarms/Other Adaptive Devices	
		6 Provide Vinyl flooring throughout home (no carpet)	
X		7 *Provide flat access to the entrance to the home (If desired, choose a or b below)	
		7a *ADA compliant Wheelchair Accessible Ramp	
		7b Wheelchair Accessible - Vertical Platform Lift	
		8 Other (increased accessibility to bedrooms):	

** Conditions apply: written medical certification may be required to verify need and final rehabilitation/reconstruction feasibility determination may impact overall applicability.*

** If the damaged property requires reconstruction, a ramp is required according to TX Visitability Code 25-12-241. Exceptions (due to site-specific conditions, etc.) will be submitted via a completed waiver form that is reviewed and approved by the TX General Land Office prior to Construction NTP*

SECTION 2: CERTIFICATION SIGNATURE(S)			
Applicant Signature:		Date:	
Co-Applicant Signature: <i>(If Applicable)</i>		Date:	

