



# CHHUNY Financial Management Services

*DOH Children's Waiver Environmental Modifications, Vehicle Modifications  
& Adaptive Assistive Technology*

## Landlord Agreement

Project #

Landlord Name

Address of Landlord

Telephone Number of Landlord

The property at \_\_\_\_\_ is being leased/rented  
Address of Tenant(s)

to \_\_\_\_\_ as of \_\_\_\_\_  
Primary Tenant

The following people are also occupying the property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following modifications are approved by landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Care Manager

\_\_\_\_\_  
Date