	Marymead CatholicCare Request for Modifications Form October 2024
Tenant/resident name	
Property address	
Contact details	
Date	

Modification details	
What is the modification you are requesting? Please describe it in detail including its location, and attach any photos.	
Has an Occupational Therapist or other accredited specialist completed a report for the requested modifications? If yes, please attach.	
Will a qualified transperson be undertaking the modifications/who is the contractor completing the works? Please attach evidence, such as a quote.	
Have you checked whether the modifications are in line with planning regulations?	

Acknowledgements	
I acknowledge that the cost of the modifications are to be met by the tenant/resident including for any repairs and maintenance of those modifications.	

I acknowledge that at the end of my tenancy/residency, I may be requested to remove the modification and 'make good' the premises to its previous condition at my cost.	
I acknowledge that no modifications will be undertaken without the approval of MCCG.	
I have attached all available plans, reports, specifications, quotes and photos where relevant.	
I understand that MCCG may be required to seek additional approvals from Housing ACT, a private landlord, planning authorities or a body corporate.	

	Office use only
Request for modification granted/denied and reasons, including any conditions:	
Housing Officer name	
Housing Officer signature	
Date	