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Application Form for Renter Modifications

Renters cannot make certain changes to a property without permission from WHL. If you are proposing an alteration to the property you must complete this application and submit it to WHL.

No work or installation may take place before written permission is given by Women's Housing Ltd.

Property Address:	
Renter's Name :	Phone:
Renter's Signature:	Date:
Proposed Modification Details include, size, location,	type of material, attach sketch details.
Tick to confirm that you have attached a quote from a	suitably qualified tradesperson who will
undertake the works:	
Do you expect Women's Housing Ltd to pay the cost of Yes	of the modification?
PERMIT CONDITIONS 1. Women's Housing Ltd is not liable for any costs involved in making modifications or subsequent	
reinstatement works. 2. Work to be carried out by qualified tradesperson, applications are supported by the control of the co	
3. Women's Housing Ltd will not assess any application	s that do not contain a quote from a suitably
qualified tradesperson who the renter and/or agency 4. Work carried out must fully comply with regulations	•
electricity, municipality, and required permits obtain 5. If the renter vacates the property, the renter agrees	
or bear the cost relating to such works. All remedial v 6. Any appliance/alteration left in the property after the	works to be carried out in a professional manner.
property of WHL, if so required.	
7. All plans, sketches, copies of permits must be attache8. All supporting documentation ie: doctors reports, O.	• •
Please note: No works/alterations can take place un	til WHL provides written authority for the
commencement of the described works	
I have read and understood the above conditions and VCAT action.	d understand failure to comply will result in
Name: Signature:	

Office Use: to be completed by Tenancy Officer	
Renter details to support application:	
The application has been discussed with the Renter \square YES	
The application been entered into Chintaro $\ \Box$	
Age:	Date:
Disability:	
Family Composition:	
Do you support this request?	
Why?	
Office they To be considered by A. 1977	
Office Use: To be completed by Asset Officer Permit granted/declined:	
Reason:	
C:mad.	Date:
Signed: Letter sent by:	Title: Date: