THE DISTRICT MUNICIPALITY OF MUSKOKA
ONTARIO RENOVATES PROGRAM FOR HOMEOWNERS

ACCESSIBILITY PROJECT FORM

Individual who requires Accessibility Modifications: _____

Application Property Address: _____

This form is to be completed and signed by a licensed medical professional, who has responsibility and care for the applicant and can speak to the needs of the applicant with respect to required accessibility modifications.
(Additional sheets may be attached as required)

Describe nature of condition, and how it is disabling.

Identify proposed project and how it will improve the applicant's quality of life.

Signature: _____ Date: _____
(Medical Professional)

Name: _____Phone: _____
Profession: _____
Office Address: _____

Signature: _____ Date: _____