

APPENDIX H

NOTICE TO RESIDENTS OF COVERED DWELLING UNITS

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Dear Resident:

This is to advise you that in order to provide greater accessibility for persons with disabilities, certain modifications or "retrofits" will be made to [the ground floor units] [all units if elevator building] at [Covered Property Name]. Your unit qualifies for this work, including [brief explanation of items to be retrofitted].

Your unit will be retrofitted within the next twelve (12) months. However, you may request that these accessibility modifications be made to your unit sooner than that if you prefer (and at no cost to you). The actual work is expected to take no longer than several days and will not require you to move out of your existing apartment unit. However, if the repairs cause you to be displaced from your unit for more than 12 hours, you will be provided with alternate living arrangements during that time. In scheduling when the repairs will take place, we will try to minimize any inconvenience to you.

You should be aware that this work must be completed within 12 months regardless of your intention to stay in your apartment for a longer duration. As soon as possible, we will let you know the approximate time frame when the modifications to your apartment unit will begin. Please let us know if you have any questions or concerns.