

## Catastrophic Illness in Children Relief Fund Home Modification statement

**I hereby swear under pains and penalties of perjury that:** *(each parent/guardian must initial each line)*

1. \_\_\_\_/\_\_\_\_ The home modification has been completed.
2. \_\_\_\_/\_\_\_\_ The home modification has been done on my permanent home.
3. \_\_\_\_/\_\_\_\_ The home modification was done to increase accessibility for my child.
4. \_\_\_\_/\_\_\_\_ If I sell my home within three years of the receipt of home modification assistance from CICRF, I will contact CICRF, and it is likely that I will need to return 50% of the assistance to the Fund.
5. Please attach copies of all receipts and proof that payment has been made, if not previously submitted.
6. Please submit a photograph(s) of the completed project
7. Please list all sources of payment for the home modification, including names of other agencies, organizations, people, and bank loans:

Name of person, agency or loan company	Amount
Yourself	
Bank loan (provide name): Is this a deferred payment loan? (check one): ____YES ____NO	
Agency/organization (provide name):	
Agency/organization (provide name):	
Other (describe):	
Other (describe):	
<b>TOTAL AMOUNT:</b>	

\* \* \*

**Please be advised that we must receive the form with original signature(s), as opposed to a photocopy or fax.**

\* \* \*

**Parent/Guardian #1:**

**Parent/ Guardian #2:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date