

## ACCESSIBLE/ADAPTABLE UNIT RELOCATION ADDENDUM

This will serve as an Addendum to the Resident Occupancy Agreement dated \_\_\_\_\_ (the “**Agreement**”) regarding property located at \_\_\_\_\_ (the “**Home**”), between Corvias Air Force Living, LLC (“**Owner**”) and \_\_\_\_\_ (“**Resident**”).

1. Resident acknowledges that at the time the Agreement was executed:
  - a. The Resident was advised that the Home is a unit designed for occupancy by individuals with disabilities, referred to as either an “accessible” or “adaptable” unit; and
  - b. Resident’s household had no occupants requiring such features; and
  - c. Resident acknowledged that if another family with a disabled individual needs to occupy the Home because it is an accessible or adaptable unit, and the disabled individual has special accessibility needs, then the Resident would relocate to another home at Owner’s expense.
2. Resident hereby agrees to relocate to another home when requested in writing by Community Manager at least thirty (30) days prior to the effective date of the move to accommodate an individual with special accessibility needs, with the relocation to be at Owner’s expense.

**Resident**

**Corvias Air Force Living, LLC, by Corvias  
Management – AF, LLC, its agent**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_