

Baltimore County Office of Housing (BCOH)
VOUCHER EXTENSION REQUEST FORM

Per the BCOH Administrative Plan, voucher holders have 60 days to find a suitable unit when they are issued a voucher. If you have not been able to locate a suitable unit within this timeframe, two 30-day extensions may be provided. Extensions are not granted automatically. If you wish to receive an extension, you must make the request in writing. Requests for an extension must be received at least seven (7) calendar days before the expiration of your voucher. Once the extension request is received by BCOH, it will be reviewed to determine whether it will be approved or denied.

Fill in the required information below:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile Phone: _____

Email Address: _____

Please check the reason that you have not been able to locate a suitable unit by your voucher expiration date:

- Serious Illness or death in the family;
- Submitted Request for Tenancy Approvals that were not approved by BCOH;
- Family size or other special requirements make finding a unit difficult;
- COVID related obstacles-**Please explain:** _____
- Other circumstances-**Please explain** _____



Voucher Information:

Date Voucher Issued: _____ Date Voucher Expires: _____

Do you need help with your housing search? YES NO

If you are a person with disabilities, do you require a reasonable accommodation? YES NO

IMPORTANT: PLEASE INCLUDE A COPY OF YOUR RENTAL SEARCH WITH EXPLANATION AS TO WHY YOU WERE UNABLE TO LEASE A UNIT.

 _____  _____
Signature of Head of Household Date

Return the completed form via drop box or mail to Baltimore County Office of Housing, 6401 York Road, Baltimore, MD 21212; or fax at 410-887-8804; or email at movingprocess@baltimorecountymd.gov.

****BCOH USE ONLY****

Entity #: _____

EXTENSION APPROVED

60 Day Extension 30 Day Extension Reasonable Accommodation Demonstrated search effort Hard to house

120 Exp. Date: _____ Exp. Date + Tolling Time: _____ New Exp. Date: _____

FINAL EXTENSION: _____

EXTENSION DENIED

Lack of Demonstrated search effort Other: _____

BCOH Staff Signature: _____ Date _____