



**Unit Modification Request Form and
Conciliation Housing Accessibility Modification Program (CHAMP) Application**
This application is available in alternate format upon request.

1. Head of Household: *(Include legal last name and complete first name)*

Last Name	First Name	Middle Initial

2. Are you currently enrolled in the Housing Choice Voucher Program (Section 8): Yes No

3. Voucher Holder's Address:

Street Address	City	State	Zip Code
		MD	

4. Contact Information:

Telephone
Email Address

5. Property Owner(s)/Landlord Name and Address

Property Owner(s)/Landlord(s) Legal Name			
Street Address	City	State	Zip Code
Property Owner(s)/Landlord(s) Telephone			
Property Owner(s)/Landlord(s) Email Address			

6. Name of the one disabled household member* for whom the unit modification(s) is/are being requested:

Last Name	First Name	Middle Initial

***Unit modifications must be requested for ONE specific household member. If another household member is in need of unit modifications, see #9.**

7. Type of Unit Modification(s) you are requesting: _____

8. Explain how the requested modification(s) will benefit the person named in #6:

9. Does any other household member need a unit modification at this time? Yes No
If no, please go to #13 Signatures.
If yes, please continue to and complete #10.

10. Name of the one disabled household member* for whom the unit modification(s) is/are being requested:

Last Name	First Name	Middle Initial

*Unit modifications must be requested for ONE specific household member.

11. Type of Unit Modification(s) you are requesting: _____

12. Explain how the requested modification(s) will benefit the person named in #6:

13. Signatures:

I declare under penalty of perjury the above information provided to the Baltimore County Department of Housing and Community Development, is true and complete to the best of my knowledge.

Head of Household Signature: _____ Date: _____

Instructions:

1. Please return this signed form and written approval from your current landlord for the specific unit modifications requested on this form to the Baltimore County Office of Housing Reasonable Accommodation Coordinators for evaluation.

The completed forms can be submitted in person, by drop off, fax, or email.

DHCD
Attn: Reasonable Accommodation Coordinator
6401 York Road
Baltimore, MD 21212
rar@baltimorecountymd.gov
410-887-3435 - Reasonable Accommodation Phone Line
410-887-8804 - Office of Housing Fax

2. Once the form has been pre-screened and evaluated, the Reasonable Accommodation Coordinator will forward the form to CHAMP to begin the process for your unit modification(s).

