

**Housing Authority of Prince George's County
Housing Choice Voucher Home Modification Fund**

Dear Participant:

The Housing Authority of Prince George's County (HAPCG) has created a Modification Fund that is available for the Housing Choice Voucher Program (HCVP) Participants to modify their rental units. The Fund is for the exclusive use of families with disabilities whose units need modifications to reasonably accommodate an identified disability. The Fund shall be available to address the needs of individuals with various disabilities including, but not limited to, individuals who are Deaf and hard of hearing; individuals who are blind or have limited vision; and individuals with psychiatric/mental impairments or mobility disabilities. The dollar amount of the Fund is limited and is available for use until it is depleted on or before December 6, 2023 whichever comes first.

The Fund is intended to be available when the Participant Family needs to modify a dwelling unit to meet the disability-related needs of a family member. Anticipated uses for the Fund, (without limitation), may include, but is not limited to, installation of grab bars, hand held shower, raised toilet, flashing fire alarm, stair glide, a motion sensor, wheelchair lift or ramp, widened doorway, curb cut, and tub seat, etc.

Modification requests are subject to HAPGC's review and approval. Additionally, a Participant Family must obtain their landlord's approval, in writing, before initiating modifications to the rental unit.

Expenses per family are limited to Fifteen Thousand Dollars \$15,000.00. The HAPGC, may authorize expenditures over the amount if it appears to be justified by: 1) the need for the modification, considering alternative less expensive methods and the necessity of the modification; and 2) the expenditure does not appear to risk using an unreasonable amount of funds still available. This takes into consideration the number of requests that have been made for use of the Fund and the average costs for modifications that have been made or approved. If requested by a family eligible for the Funds, HAPGC may make the Funds available to remove those modifications that were provided using such funds, provided it does not exceed the original amount of \$15,000.00.

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



To be eligible for the Fund, you must apply in person, by appointment with the 504 Coordinator or by email to dhcd-504@co.pg.md.us.

The 504 Coordinator shall grant or deny request for the Fund within thirty (30) days of receipt of the completed application. Once enough information is received, the Coordinator shall decide granting or denying the request within thirty (30) days of the completed application. The Coordinator will make a good faith effort to facilitate the implementation of any approved requests in a timely manner.

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Reasonable Accommodation Coordinator
9200 Basil Court, Suite 500
Largo, MD 20774
301-883-5576

Application No.: MOD _____

Application for Housing Choice Voucher Modification Fund

Participant

APPLICANT		Social Security Number:											
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Name:				DOB:				Age:					
Current Address:													
Home/Mobile Phone:						Work Phone:							
Email address: _____													

PROPERTY INFORMATION												
Property Address:												
Who Needs the Modification:												

Describe the Proposed Modification and its Benefits												

The approved payment will be made to the Contractor once work is completed.

Proposal to Implement Modification	Please Identify Supplies and Cost for Supplies
Total Amount	\$

Company who will Perform Work	
Name of Company:	
Address:	
License Number:	

Participant and Landlord/ Owner acknowledge and agree that HAPGC takes no responsibility for the quality, workmanship, timeliness or control in any way for of any work performed or any damage done to the rental property by any person under this Modification Fund application or any resulting approval.

Participant Signature Date

Landlord Signature Date

Participant and Landlord/ Owner acknowledge and agree that HAPGC's obligation is limited to reimbursing authorized and approved expenses that are timely submitted under this application.

Participant Signature Date

Landlord Signature Date

What needs to me Modified	Quote
Total Amount	\$

Company who will Perform Work	
Name of Company:	
Address:	
Contact Person:	Phone Number:
License Number:	
Insurance Information:	
Tax I.D. #	

Please attach Quote from contractor and pictures that show the areas that will be modified.

Landlord Signature Date

Participant Signature Date

MARKETING DATA

The following information is optional and will be used by the Department to evaluate the effectiveness of its marketing and outreach efforts. If you would like to provide this information, please indicate below how you became aware of the Modification Fund:

Radio Newspaper _____ Word of Mouth Internet

Local Government Agency State Agency Other _____