

Request for Voucher Extension Form

Date: _____ Social Security #: _____ - _____ - _____ Age: _____

Are you a Section 8 participant or applicant? Participant
 Applicant

Are you requesting portability? Yes No

Are you disabled? Yes No If yes, please explain:

Name: _____

Current Address: _____
Street Unit #

City State Zip Code

Contact Number: _____
Area Code

Voucher Issuance Date: _____

Voucher Expiration Date: _____

Explanation of Your Request for A Voucher Extension

What is the reason that you need to move at this time?

Why have you been unable to locate a unit in 120 days?

What efforts have you made to locate another unit? (Be specific)

Print Name

Signature

Received by: _____

For HPD Official Use Only: To be filled out by the In-Take Processor

Exclusion or Abatement?	Yes	No
If yes, why: _____		
Last Annual Recertification: _____		
Any break in HPD payments to the LL?	Yes	No
Entity Alert?	Yes	No
Immediate threat of homelessness?	Yes	No
Does the participant require and elevator building?	Yes	No
Has the participant requested a previous extension on this voucher?	Yes	No
Are there multiple HQS failures?	Yes	No

Move unit/Initials Unit Recommendation:

 Signature

 Print Name

 Date

Final Determination:

Reviewed by Review Committee? Yes No Date: _____

Comments:

 Signature

 Print Name

 Date