## **VOUCHER EXTENSION REQUEST**

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The term of a Voucher plus any extensions may not exceed 120 days. The Initial Voucher is issued for 60 days. This initial period may be extended for an additional 30 days with a maximum of two extensions. To request an extension, complete the following form:

•	Washir	tension to the term of the ter	al Assistance Division	on on
following rea	ason(s)	I/V :	ve were not able to	locate a unit due to the
· ·			e Payment Standar	ds*
		Could not locate su	uitable unit*	
		Unable to find unit	in desired location*	
		Other*		
* A list of un	its/Lan	dlords I/We contacte	ed is provided on the	e reverse side of this form.
Family signa				Date
	Al	PPROVAL / DENIAL	. OF EXTENSION F	REQUEST
Approved:				
Voucher #		_ For		_has been approved for
an extensior	of 30	days with a new exp	oiration date of	·
Denied:				
Voucher # _ has been de		For the		Family
following rea	ason(s)	:		
For the Rent	tal Ass	stance Division		 Date

## **LANDLORD CONTACTS**

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Return this form to our office no later than				
(If not received by this date, a drop letter will be sent to notify you that your Voucher has expired, unless				
a Request for Approval of Tenancy has been turned in.)				

NAME:	
	#

List all contacts you make in your search for a unit. Comment on the size, rent and location of units you find and why you did not choose the unit. At least five (5) contacts must be made per week. *This page must be full in order to receive the Extension. Contacts can be made by phone, email or in person.* 

Date	Landlord	Phone #	Unit Address	Bed Size	Comments
#	# #	# #	# #	#	# #
#	# #	#	##	#	# #
##	# #	##	† #	##	† #
#	# #	#	# #	# #	# #
#	# #	#	# #	# #	# #
#	<del>1</del> #	#	<del>1</del> #	#	# #
#	# #	#	##	#	# #
##	# #	#	# #	#	† #
##	# #	#	# #	#	† #
##	# #	##	† #	##	† #
##	# #	##	# #	#	# #
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#	# #	#	##	#	# #
#	<del>1</del> #	#	<del>1</del> #	#	† #
##	† #	##	† #	##	† #
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