

Request for Voucher Extension Form

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

Are you requesting portability? Yes No

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

Name: _____

Current Address: _____

Boro

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)

Have any documents been submitted to support the request for an extension?

Yes No **If yes, what type of document(s):**

Print Name

Signature

Received By: _____



For HPD official use only: To be filled out by the In-Take Processor.

Is the request for a Section 8 participant or applicant? Participant
 Applicant

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 an 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

