



Department of
Housing Preservation
& Development
nyc.gov/hpd

MARIA TORRES-SPRINGER
Commissioner
DON SHACKNAI
First Deputy Commissioner
EVA TRIMBLE
Deputy Commissioner
LAURIE LoPRIMO
Assistant Commissioner

Office of Financial Management
and Analysis
Division of Tenant Resources
100 Gold Street
New York, N.Y. 10038

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: _____

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.

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 _____

