

**REQUEST FOR EXTENSION TO MOVE DUE TO EXTREME HARDSHIP FORM  
(USED TO REQUEST MORE THAN THE ALLOTTED 30 DAYS TO MOVE TO APPROPRIATE SIZED UNIT FOR  
ENHANCED SECTION 8 PARTICIPANTS)**

Date: \_\_\_\_\_  
Head of Household: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of the household member on whose behalf extreme hardship extension is requested \_\_\_\_\_  
Relationship to Head of Household: \_\_\_\_\_

This form should be completed to request an extension to the required time to move to another apartment due to an extreme hardship. Residents of Enhanced Developments whose voucher size is smaller than the unit they occupy and have been issued a "Notice of Approval to Transfer with Enhanced Section 8 Assistance" (Transfer approval letter) must move to an appropriate sized unit within 30 days. For consideration of an extension, this request must be submitted to HPD within 30 days of the issuance date on the transfer approval letter.

HPD recognizes two types of extreme hardship, as described below. Please check the box that applies to your household:

- I have a documented medical condition or disability that prevents me from moving by the deadline provided.  
Please have your medical professional fill out, sign, and return the accompanied Request for an Extension to Move Due to Extreme Hardship form that is provided in this form or a letter describing the reason you are unable to move.
- I was not at the assisted address and could not receive mail and respond by the deadline provided. Please provide HPD with copies of a stamped passport or documentation of travel with this request.

In addition to submitting requested documents, please provide a brief explanation for why you were not able to move to the appropriate apartment.

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If granted an extreme hardship extension, you will be given an additional 30 days to move into the unit from the time of approval. HPD will not approve any Extreme Hardship requests until all required forms and supporting document are submitted.

*I certify that the above statements are true. I understand that supplying false statements and information can lead to a denial of my reasonable accommodation request and jeopardize my housing subsidy. I authorize the NYC Department of Housing Preservation and Development to verify my eligibility for the extension requested.*

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Participant's Signature

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Date

\*Remember to send this form, and your chosen documentation to the following address:

The New York City Department of Housing Preservation & Development (HPD)  
Division of Tenant Resources – Continued Occupancy  
100 Gold Street (xxx)  
New York, NY 10038

**REQUEST FOR EXTENSION TO MOVE TO APPROPRIATE SIZED UNIT  
WITH ENHANCED SECTION 8 ASSISTANCE  
MEDICAL DOCUMENTATION**

Household member requesting extension:

\_\_\_\_\_  
Printed Name                      Signature (if under 18, parent or legal guardian)                      Date

(This form is to be filled out and mailed back by a medical professional if there is a medical reason for hardship)

Name of the Section 8 participant on whose behalf extreme hardship extension is requested:

\_\_\_\_\_  
Print Name

Name and Office Address of Medical Professional:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Address

Please explain what medical condition the participant had in the period between XXX and XXX that would have prevented them from changing their place of residence:

\_\_\_\_\_  
\_\_\_\_\_

Was this participant either hospitalized or in a rehabilitation facility within the timeframe of this notice and the 30 days following?  Yes  No

I hereby certify that the above mentioned Section 8 participant was experiencing a medical condition in the time period where they were required to move by the New York City Department of Housing Preservation & Development.

\_\_\_\_\_  
Signature of medical professional here

\_\_\_\_\_  
Date

\_\_\_\_\_  
License # or Stamp of medical professional

Please send this signed for to:  
The New York City Department of Housing Preservation & Development (HPD)  
Division of Tenant Resources – Continued Occupancy  
100 Gold Street (Office)