



REQUEST FOR HOUSING CHOICE VOUCHER EXTENSION

- 1. Extensions may be granted only as determined by CTCOG Housing Agency for the following:
a. Extreme lack of rental housing availability.
b. Federally declared disaster or emergency.
c. As a reasonable accommodation for a head of household or spouse with disabilities.
d. The written request for an extension should be delivered, in person, to this office within TWO weeks of the original expiration date of the Voucher.
e. Only two 30-day extensions will be granted not to exceed 120 days maximum, no exceptions.
2. Requests for Extension after the Voucher expiration date will not be allowed.
3. Any request for extension must be made in person during regular business hours.
a. If the voucher or any extension expires on a Saturday or Sunday, it will be honored until 4:30 PM on the Monday immediately following the expiration date.
b. If the voucher extension expires on a legal holiday AND the CTCOG Housing Agency is closed for that holiday, it will be honored until 4:30 PM on the next business day that the office is open.
c. The office is closed between 12 Noon and 1:00 PM each day.

Incoming Portable Families: Due to regulations specified at PIH 2004-12, Part 6, which sets deadlines based on the dates specified by your housing authority we will cooperate with your housing authority (extend your voucher) when an extension is granted by your housing authority. You should make your request for an extension in writing, according to the terms of your voucher to your issuing authority.

Complete Both Pages of this Form:

Property #1: Property Owner/Manager:
Phone Number:
Address of Unit:
Date:
Reason for not accepting:

Property #2: Property Owner/Manager:
Phone Number:
Address of Unit:
Date:
Reason for not accepting:

Property #3: Property Owner/Manager:
Phone Number:
Address of Unit:
Date:
Reason for not accepting:

Property #4: Property Owner/Manager: _____
 Phone Number: _____
 Address of Unit: _____
 Date: _____
 Reason for not accepting: _____

Other: _____

Written documentation must be submitted with your request verifying the circumstances including the date(s) of the emergency.

Head of Household (print): _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email Address: _____
 Date: _____
Signature: Head of Household: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.

*******CENTRAL TEXAS COUNCIL OF GOVERNMENTS HOUSING ASSISTANCE PROGRAM USE ONLY*******

Approved Denied Reason for Denial: _____

Comments: _____

HOH Notified by:
 Fax Email Phone Mail In Person

Staff Signature _____ Date: _____