



**For MCHA use only:**

Date & Time Received

## VOUCHER EXTENSION REQUEST

**EXTENSION REQUESTS MUST BE SUBMITTED IN WRITING PRIOR TO THE EXPIRATION DATE OF THE VOUCHER. MCHA WILL NOT APPROVE ANY EXTENSION REQUESTS SUBMITTED AFTER THE DATE OF VOUCHER EXPIRATION.**

Marion County Housing Authority will only approve a voucher extension if it is necessary as a reasonable accommodation for a person with disabilities. Other extenuating circumstances may be considered in making a decision whether or not to grant an extension however, the presence of these circumstances does not guarantee that an extension will be granted. **Please complete the information requested below. If this is your second extension request, you must provide verification(s) of your extenuating circumstance AND provide a completed Housing Search Progress Report. Failure to do so may result in your request being denied and or delayed.**

Head of Household Name	Last 4 of SSN:
Current Mailing Address	
Current Phone Number	E-Mail:

Check the situations that apply **AND** provide verification of your circumstance.

- I have had a serious illness or death in the family       I have had obstacles in finding a unit
- Other circumstance: \_\_\_\_\_

PLEASE EXPLAIN THE ITEM(S) YOU HAVE MARKED ABOVE **AND** PROVIDE DOCUMENTATION VERIFYING YOUR CIRCUMSTANCE:

Marion County Housing Authority will decide whether to approve or deny an extension request within 10 business days of the date the request is received, and will immediately provide the family written notice of its decision.

Approved     Denied \_\_\_\_\_ Date \_\_\_\_\_  
MCHA Staff Signature

**\*The housing authority's decision to deny a request for an extension of the voucher term is not subject to an informal review.**  
[24 CFR 982.554(c)(4)]

FOR MCHA USE ONLY:
Date extension response letter mailed: _____ days extended: _____ <input type="checkbox"/> 1 <sup>st</sup> extension <input type="checkbox"/> 2 <sup>nd</sup> extension

