Brown County Housing Authority

OFFICE USE ONLY
Tenant ID: _____
☐ 1st Request ☐ 2nd Request
☐ Approved ☐ Denied
Updated Voucher Expiration Date:
_____
Approved by: _____

Voucher Extension Request Form

Under the Housing Choice Voucher (HCV) program, you have 60 days to find a suitable unit when you are first issued voucher, or when you have moved out of an assisted unit. If you are unable to locate a suitable unit within this timeframe, you may request an extension on your voucher. **Extension requests must be received in writing (this form) by your Housing Specialists before your voucher expires**. If you do not request an extension by this due date, your participation in the HCV program will be terminated.

Participant Name: _____ **Date**: _____

Mailing Address: _____

Cell Phone #: _____ **Email:** _____

Other Phone #: _____

How many rental applications have you submitted since your voucher was issued/recent extension was granted?

☐ 0 – 2 Applications ☐ 5 – 7 Applications
☐ 3 – 5 Applications ☐ 7 + Applications

Where are you currently living?

☐ Apartment/House Rental ☐ Hospital/Medical Facility
☐ Shelter/Transitional Housing ☐ Vehicle
☐ Hotel/Motel ☐ Couch Surfing
☐ Currently Homeless ☐ Other: _____

What difficulties have you had while looking for housing with your voucher? (Check all that apply)

☐ Medical/Health Issues
☐ Difficulty communicating with landlords
☐ Prior rental history (evictions, unit damage, debt owed to prior landlord, etc.)
☐ Landlord unwilling to participate with program
☐ Lack of transportation
☐ Lack of time to search (work, school, childcare, etc.)
☐ Security Deposit/Moving Costs
☐ Voucher amount too low (can't find any units within voucher amount)
☐ Trouble finding units with the right:
  ☐ Size ☐ Type
  ☐ Location ☐ Rent/Utilities

Participant Signature: _____ **Date:** _____