

East Providence Housing Authority
HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM

Voucher Extension Request Form

Date: _____

Name: _____

Address: _____

Voucher # _____ Voucher Size (*circle applicable*) 1 2 3 4 5

I am requesting an extension for my Housing Choice Voucher. I am having a difficult time locating a unit for the following reasons: (*Please explain*)

I have attached my "Housing Search Log", showing the units I have inquired about.

OFFICE USE ONLY

Received By: _____ Date: _____

Your request to extend your voucher has been approved.

Days extended: _____ New expiration date: _____

OR

Your request to extend your voucher has been denied.

The reason for denial is as follows: _____

Signed by: _____

Date: _____

Leslie A Price
HCV Program Manager