Affordable housing as a platform to enhance lives.



## **Voucher Extension Request**

HOUSING CHOICE VOUCHER PROGRAM

246 Sycamore Street, Suite 260, Decatur, GA 30030 • p 404.270.2500 f 404.270.2643

www.dekalbhousing.org

## **Voucher Extension Request**

All requests must be in completed on this form.

This form must be submitted to this office seven (7) business days prior to the Voucher expiration date.

Today's Date	e:		
Participant I	Name: _	Phone Number:	
Address:		Email:	
	_	thority of DeKalb County's Administrative Plan <i>: <b>One (1) 30-day Voucher Extension</b> m</i> ay be grante g circumstances:	ed
•	It is of e	s necessary as a reasonable accommodation for a person with disabilities. In necessary due to reasons beyond the family's control, as determined by the HADC. Following is extenuating circumstances that the HADC may consider in making its decision. The presence of the sumstances listed below does not guarantee that an extension will be granted.	
	0 0 0	Serious illness or death in the family; Obstacles due to employment; Whether the family has already submitted Requests for Tenancy Approval (RTA) that were rapproved by the HADC;	ot
	0 0	Whether family size or other special requirements make finding a unit difficult; or Other similar circumstances identified by the HADC.	
Please expla	in why y	you have not located a unit:	

