

TEL: 404-270-2500
FAX: 404-270-2550
HOUSING CHOICE VOUCHER FAX:
404-270-2643
www.dekalbhousing.org
750 Commerce Drive
Suite 201
Decatur, Georgia 30030



HADDC USE ONLY
Specialist Assigned: _____
Tenant Number: _____
Annual Effective Date: _____

Voucher Extension Request Form

All requests must be in writing and received by this office 7 days prior to the Voucher expiration date

Participant Name: _____ Phone Number: _____
Address: _____ Email: _____

Per the Housing Authority of DeKalb County’s Administrative Plan: One 30-day Voucher Extension may be granted only in the following circumstances:

- It is necessary as a reasonable accommodation for a person with disabilities.
- It is necessary due to reasons beyond the family’s control, as determined by the HADC. Following is a list of extenuating circumstances that the HADC may consider in making its decision. **The presence of the circumstances listed below does not guarantee that an extension will be granted.**
 - Serious illness or death in the family;
 - Obstacles due to employment;
 - Whether the family has already submitted Requests for Tenancy Approval (RTA) that were not approved by the HADC;
 - Whether family size or other special requirements make finding a unit difficult; or
 - Other similar circumstances identified by the HADC.

Please provide the reason you have not located a suitable unit within 120 days: _____

Office Use Only:

<input type="checkbox"/> Voucher Extension Approved	Voucher Expiration Date: _____
<input type="checkbox"/> Voucher Extension Denied	Termination Date: _____
<input type="checkbox"/> Voucher Extension Denied	Date Move Request Cancelled: _____