



Request for Voucher Extension

Last 4 of SSN

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Please print legibly and complete this form front and back.

Head of Household First Name	M.I	Last Name		
Address		City	State	ZIP
Phone Number		Email Address		
Voucher Issuance Date		Voucher Expiration Date		
Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	

Applicant Signature: _____ **Date:** _____
The Date of Your Request Must Not Be Later Than the Voucher Expiration

Reason for Request - Barriers in Locating Housing (Please check one or more boxes)

<input type="checkbox"/> Negative credit history	<input type="checkbox"/> Owners not accepting Section 8
<input type="checkbox"/> Transportation	<input type="checkbox"/> Cannot locate an affordable unit
<input type="checkbox"/> Cannot afford moving costs	<input type="checkbox"/> Discrimination (explain below)
<input type="checkbox"/> Not enough time to find unit (explain below)	<input type="checkbox"/> Difficulty finding a handicap accessible unit
<input type="checkbox"/> Difficulty finding a unit for family size	<input type="checkbox"/> Personal reasons – death in the family, illness, child care, etc.
<input type="checkbox"/> Other (explain below)	

Please "briefly" explain the reason for your extension request.

Return this form by email or drop box:
hcvresidents@fresnohousing.org
1331 Fulton Street, Fresno, CA 93721



HOUSING SEARCH LOG – TO BE COMPLETED BY TENANT		
You must keep a listing of all units for which you have applied. This will assist us in identifying the challenges you may experience in locating housing.		
Date	Management Company or Apartment Name	Owner or Manager Information
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	
		Name:
	Denied Due to: <input type="checkbox"/> Credit <input type="checkbox"/> Other	Phone:
	Explain:	