



## **Request for Voucher Extension**

			TCode		
			Applicant	Participant	
Please print legibly and complete this fo	orm front to back	<u> </u>			
			T (N)		
Head of Household First Name	M.I.	·	Last Name	Last Name	
Address	 Cit	City State Zip		Zip	
		<u>.J</u>		1	
Phone Number		Email Address			
Voucher Issuance Date		Voucher Expiration Date			
		voucher Expiration Date			
Approved		Denied			
Applicant Signature:			Date:		
The Date of your request must not be later than the voucher expiration date.					
The Duve of your request in	ust not de time. I		oucher expriminen unic.		
Reason for Request-Barriers in locating	Housing (Please	check on	ie or more boxes)		
Negative Credit History		Owners not accepting Section 8			
		OWITE	10		
Transportation			ot locate an affordable unit	<u> </u>	
		Canno	* * *	t	
Transportation	lain below)	Canno Discri	ot locate an affordable unit		
Transportation Cannot afford moving costs		Canno Discri Diffict	ot locate an affordable unit mination (explain below)	cessible unit	

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:	Credit	Other	Phone:	
	Explain:				
				Name:	
•	Denied Due to:	Credit	Other	Phone:	
•	Explain:				
				Name:	
•	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				
				Name:	
	Denied Due to:	Credit	Other	Phone:	
	Explain:				