



Harrisonburg Redevelopment & Housing Authority

P.O. BOX 1071 + HARRISONBURG, VA 22803
Phone/VTDD 540-434-7386 + Fax 540-432-1113

EXTENSION REQUEST HOUSING CHOICE VOUCHER PROGRAM

SUBMIT TO REQUEST ADDITIONAL TIME TO SEARCH FOR A UNIT

Head of Household Name	Last 4 of SSN	Voucher Expiration Date
Home Address	Phone Number	
Mailing Address (if different)	Email Address	
Head of Household Signature	Date	

Reason(s) you have been unable to find a suitable unit during the term of your voucher:

- Lack money for deposit, etc.
 Credit/screening
 Health issues
 Transportation to view units
 Other
 Unable to find unit that is:
 Affordable
 Accepts vouchers
 The right size
 The right location
 Other

Details: _____

Under the Housing Choice Voucher (HCV) program, you have **60 days** to find a suitable unit when you are first issued a voucher, or when you have moved out of an assisted unit. If you are unable to locate a suitable unit within this timeframe, you may request an extension of up to 60 days. **Extension requests must be received in writing (this form) by your HCV Specialist at least seven (7) calendar days before your voucher expires.** If you do not request an extension by this due date, your participation in the HCV program will be terminated.

Extensions are not granted automatically. HRHA may ask for documentation of your search efforts. If your request is denied, and you have not submitted a Request for Tenancy Approval (RFTA) to HRHA by your voucher expiration date, your participation in the HCV program terminates.

If your extension request is approved, you will receive up to 60 additional days to find suitable housing. You must submit an RFTA on or before the last day of your extension period. **If you do not submit an RFTA by the end of the voucher term, you will lose your housing assistance and be terminated from the program.** We strongly urge you to find a unit and submit an RFTA as soon as possible. **A second extension of up to 60 additional days may be granted under some circumstances,** and you may be required to submit documentation of your search efforts and or extenuating circumstances.

From the date you submit an RFTA until HRHA notifies you that your request is approved or denied, the term of the voucher is suspended. If an RFTA is denied, your voucher term will be extended for the period it was suspended.

HRHA OFFICE USE ONLY					Date: _____	Initials: _____
_____	_____	_____	1 2	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	_____ Notes/Details	
Orig. Issue Date	Orig. Expire Date	Date Request Rcv'd	Request #			