Tarrant County Housing Assistance Office REQUEST FOR VOUCHER EXTENSION

ORIGINAL VOUCHER EXPIRATION DATE:_____

TODAY'S DATE:_____

NAME:		SS#	SS# Number of	
Telephone No: () Email Address		Email Address:	Voucher Size	
_	_	ed more time to continue my search for an a housing unit for the following reasons: (doo	<u> </u>	
NOTE: YOUR EXTENSION REQUEST WILL BE DENIED IF THE FOLLOWING REQUIRED DOCUMENTS HAVE NOT BEEN TURNED IN: 1. Tenant Move Agreement, 4. 30-60 Day Notice of Intent to Move, 2. Notice of Occupancy – VAWA, 5. Affidavit of Damages if possible 3. OCU Move Agreement, 6. Copy of your Voucher				
Date of Contact	PROPERTY ADDRE	Name of CONTACT PERSON	Telephone Number	REMARKS (i.e., No Vacancy, No Sec 8, etc.)
Contact	THOI EITH ADDILE	OUTACI LIGON	Telephone Number	(mon, the facultey, the Bee of elery
Attachments				
Applicant Signature		Date		
Request TCHAO Official Sign ExtensiononRequest2 -		For Office Use Only res	 Date	Request Denied