



**HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM**  
 400 US HIGHWAY #1, JERSEY CITY, NEW JERSEY 07306  
 201-706-4677/4678 FAX: 551-256-7736/7737  
[WWW.JCHA-GOV.US](http://WWW.JCHA-GOV.US)

## REQUEST FOR VOUCHER EXTENSION

A family may request a thirty (30) day extension(s) to the initial sixty (60) day term of an issued Voucher. All requests for extensions should be received at least one week prior to the expiration date of the voucher. The request must be submitted in writing to our Housing Choice Voucher office, faxed or delivered to our office to the attention of your Housing Assistance Technician. Extensions are permissible at the discretion of JCHA HCVP primarily two reasons, as follows:

1. **EXTENUATING CIRCUMSTANCE:** Extenuating circumstances such as hospitalization of a family member or a family emergency over an extended period of time that has affected the family's ability to find a unit within the initial (60) day term.
2. **REASONABLE ACCOMODATION FOR AN ACCESSIBLE UNIT:** As a reasonable accommodation for a family member with disabilities or for a family member with disabilities to find an accessible unit.

HOH Name:	Entity ID:
Telephone Number:	Email Address:

**Please select below the reason for your request for a voucher extension.**

**EXTENUATING CIRCUMSTANCE**

Briefly explain nature of circumstance: \_\_\_\_\_

**REASONABLE ACCOMODATION FOR AN ACCESSIBLE UNIT**

Briefly detail accessibility requirements: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR JCHA HCVP USE ONLY**

Original Issue Date: \_\_\_\_\_ Original Expiration Date: \_\_\_\_\_

Is this the first Extension Request?  Yes  No

*If No selected, provide the first voucher extension issue date:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_

New Issue Date: \_\_\_\_\_

New Expiration Date: \_\_\_\_\_

*Check below if applicable:*

**FINAL VOUCHER EXTENSION**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_