Washington County Housing Authority

Request for Voucher Extension

Last 4 of SSN

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 ☐ **Denied** ☐

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)

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

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

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EQUAL HOUSING OPPORTUNITY

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:	