

Little River County Housing Authority

Housing Choice Voucher Extension Request Form

Participant Name: _____

Mailing Address: _____

Cellphone Number: _____

Email Address: _____

Voucher No. _____

What difficulties have you had while looking for housing with your voucher? (check all that apply)

- ☐ Medical/Health Issues
- ☐ Rent & utility costs
- ☐ Low credit score/negative credit
- ☐ history/Criminal history
- ☐ Size & Location
- ☐ Income too low/no transportation
- ☐ Type of unit
- ☐ Schedule/no time to search due to work, childcare, commute, school, etc.)
- ☐ Taking care of kids, other family members, etc)
- ☐ Difficulty communicating with landlords/property managers
- ☐ Landlord doesn't wish to participate on Section 8 program
- ☐ Negative rental history (eviction, unit damage, debts owed to prior landlord, etc.)
- ☐ Domestic Violence
- ☐ No money for Security Deposit

Participant Signature

Date

Office Use Only - If household requests an extension

Household is a:

- ☐ New Voucher Holder
- ☐ Transferring

Initial Voucher Expiration Date: _____

Extension granted New Expiration Date: _____

Extension Denied Date: _____

Housing Representative

Date