



Indianapolis Housing Agency
1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

Request for Voucher Extension

Pursuant to paragraph 6 of Form HUD 52646, Voucher, Housing Choice Voucher Program, I _____,
request an extension period to complete my voucher processing. (PLEASE PRINT NAME HERE)

This request for extension will be approved only if the applicant meets one of the following conditions please check one:

Please provide supporting Documentation

_____ Serious illness or death in the family _____ Family Emergency _____ Obstacles due to employment
_____ Documented difficulty in finding a unit

Please explain issue: _____

Name of Person to verify claim: _____ Phone Number: _____

Address (street/city/state/zip): _____

Voucher Information:

Voucher Holder Name: _____

Voucher Number: _____ Voucher Expiration Date: _____

The IHA reserves the right to determine if an extension is granted. An extension of thirty (30) days **may** be given. The family will be given **written** notice informing them that their request has been denied or approved. **If approved**, the notice states the new expiration date. A copy of the notice to the family will be placed in the file.

At NO time will the term of the Housing Choice Voucher exceed 90 days

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date: _____ Signature of Voucher Holder: _____

For IHA Use Only:

Does the Voucher Holder meet the requirements necessary for a Voucher Extension? Yes or No _____

Please complete the following and provide a copy of this notice to the Voucher Holder.

YES _____ Your request for a 30 day extension has been approved. Your NEW expiration date is: _____

NO _____ Your request for a 30 day Voucher Extension has NOT been approved. **Your current expiration date is: _____

If you have NOT submitted an RTA by 5pm on this date, YOUR VOUCHER WILL BE CANCELLED and you must reapply when the wait list is reopened if you wish to participate in the program.

Caseworker making determination: _____

Date: _____ Signature: _____

Date of Review: _____ Reviewing Manager Signature: _____

Date Participant was notified of Decision: _____