



FAMILY REQUEST FOR VOUCHER EXTENSION

DATE: _____

NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY #: _____

ADDRESS: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

EXTENDED EXPIRATION DATE: _____

I am requesting an extension of my voucher because:

- My request for an extension must be submitted to my Case Manager PRIOR TO or not later than the expiration date on my voucher.
- I must complete the "Record of Housing Unit Search" form with this request (see Page 2.)
- If an extension is granted, I will receive an additional thirty (30) days to submit a Request for Tenancy Approval packet to my Case Manager.
- My failure to submit a Request for Tenancy Approval packet before the extended expiration date will cause me to lose my Housing Choice Voucher assistance.

 Print Name

 Date

 Signature of Voucher Holder

 Phone

Email Address: _____



RECORD OF HOUSING UNIT SEARCH

Name of Property Owner or Agent	Address of Unit	Rent	Reason Not Rented	Date
1)				
2)				
3)				
4)				
5)				

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority’s personnel [24 CFR § 982.552(c)(1)(ix.)]

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.