



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
Miami, FL 33152-1750
TTD/TTY Florida Relay Service
1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893
Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

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 P.O. Box, Fax or delivered to our office to the attention of Voucher Extension Request. Extensions are permissible at the discretion of MDHCVP 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 MDHCVP 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: _____

