Instructions for Housing Choice Voucher Extension Request Form

If you are requesting a voucher extension that exceeds your initial voucher issue date, the Housing Authority asks that you complete this extension form and you will be notified of our decision within 10 business days.

The Housing Authority is collecting information related to housing search barriers and will review your request for an extension. Generally all requests for extensions beyond 240 days must be related to a disability and information from a 3rd party provider familiar with your disability must be provided. For more information regarding the Reasonable Accommodation process please go to https://www.kcha.org/residents/accommodations/ or contact your KCHA representative.



SECTION 8 OFFICE

700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322 PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY				
FORM #:	811			
HOUSEHOLD ID:				
EFFECTIVE DATE:				

Housing Choice Voucher Extension Request Form

Participant Name:			Date:
Mailing Address:			
Cellphone Number:		ther Phone Number:	
Email Address:			
Number of rental applications submitted sin			
Area Searching: South (Auburn/Kent/Fede	eral Way) \square Southwe	st (Burien/Des Moines	s/SeaTac/Tukwila)
☐ Eastside (Bellevue/Kirkland/Issaquah/Red Where are you currently living? ☐ Apartm ☐ Hospital/medical facility ☐ Friends,	ent/house you rent		ark) ☐ Outside King County nousing ☐ Car/Camper ☐ Couch surfing
		•	_
What difficulties have you had while looking			
 Medical/health issues Low credit score/negative credit his Income is too low Trouble finding units with the right: Bedroom size Rent/cost Schedule/no time to search (due to Family obligations (taking care of ki Difficulty communicating with lands Negative rental history (eviction, ur Don't have enough money for movi Voucher amount too low (can't find Landlord does not want to participate Domestic Violence Other: 	Location Building type (apartme work, childcare, commuds, other family member ords/property managers at damage, debt owed to mg costs (including applicany units within vouches ate in Section 8 program	nal history insportation int, single family home ite, etc.) is, etc.) o prior landlord, etc.) cation fees, first/last/s	
Participant Signature			
Office Use Only - If household requests an extens	sion		
Household is a: New Voucher Holder	☐ Mover New Expiration Date:	Ext	tion Date: ension Denied Date: request (240+ days)
		•	ent to 504 Coordinator:
Housing Representative			·