



REQUEST FOR EXTENSION

Name: _____	Voucher # _____
Address: _____ _____	Expiration Date: _____
Phone: _____	

A. APPLICANT / PARTICIPANT TO COMPLETE THE FOLLOWING:

1. Explain the steps you have taken to find housing (attach Family Contact List).

2. If an extension is granted, what additional steps will you take to find housing, or what will you do differently?

3. Have you refused any offer for housing? YES NO If "YES", explain circumstances:

Applicant/Participant Signature

Date

B. HOUSING AUTHORITY DECISION:

Your request for an extension has been approved. The NEW expiration date is: _____

Your request for an extension has been denied due to:

Request received after expiration date.

Inadequate past efforts made in finding housing.

WWHA Representative Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

