



Voucher Extension Request

Head of Household: _____

Address: _____

Telephone Number(s): _____

E-Mail Address: _____

Program Analyst's Name: _____

Voucher Issued Date: _____ Voucher Expires/end Date: _____

Reason for Extension:

Please attach to this form all supporting documentation to substantiate your voucher extension request.

Signature: _____ Date: _____

WARNING STATEMENT: Title 18, Section 1001, of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

HCHCD Staff Use Only

Supervisor/Director: Approved _____ Denied _____

Extension Number: _____

New expiration date (only if approved): _____

Staff Signature: _____ Date: _____