



Tenant # \_\_\_\_\_

Date Received:  
\_\_\_\_\_

**Gainesville Housing Authority**

1900 SE 4<sup>th</sup> Street, Gainesville, FL 32641

Phone: 952-872-5500 \*\*\* TDD: 352-872-5503 \*\*\* Fax: 352-872-5501

## VOUCHER EXTENSION REQUEST

Date of Request: \_\_\_\_\_

**Voucher Expiration Date: \_\_\_\_\_**  
**(Must submit request prior to voucher expiration date).**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reason for the voucher extension:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GHA Only:** [        ] Approved  
                  [        ] Denied for the following reason(s):

O Maximum term of 90-days already granted.

O Maximum term of 120-day already granted for a person with disabilities.

O Term over 120-days: None of the following extenuating circumstances exist, for a person with disabilities, to grant the extension beyond 120 days:

- Reasons beyond the family's control
- Serious illness or death in the family or other family emergency

**NOTE: If denied, you may reapply for housing assistance when the waiting list reopens.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_