PHA
PHILADELPHIA HOUSING AUTHORITY
OPENING DOORS TO OPPORTUNITIES

REQUEST FOR VOUCHER EXTENSION

Under the Housing Choice Voucher Program, clients have 120 days to find a suitable unit. After 120 days the voucher will expire, unless a written request for a voucher extension and justification for the request are received. Voucher extension requests should be submitted at least one week prior to the voucher expiration date. PHA will review requests, and at its discretion may grant the extension. Extensions are permissible at the discretion of the Philadelphia Housing Authority HCVP primarily for 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 one hundred twenty (120) day term. PHA may grant an extension to assist families whose size or special requirements make finding a unit difficult..
2. **REASONABLE ACCOMODATION FOR AN ACCESSIBLE UNIT**: As a reasonable accommodation for to make the program accessible to a family member who is a person with disabilities.

The voucher extension request and a copy of the voucher must be submitted in writing to:
Philadelphia Housing Authority Housing Choice Voucher Program
Attn: Voucher Extension Request: Leasing and Moves
2850 Germantown Avenue
Philadelphia, PA 19133

TO BE COMPLETED BY THE CLIENT

Client Number:	Name:
Telephone Number:	Address:

Please select below the reason for your request for a voucher extension.

☐ **EXTENUATING CIRCUMSTANCE:** Briefly describe the extenuating circumstances.

☐ **REASONABLE ACCOMODATION:** Briefly describe the reasonable accommodation need.

_____   _____
Client Signature   Date

FOR PHA USE ONLY: TO BE COMPLETED BY THE ELIGIBILITY AND LEASING MANAGER

If the client does not have a copy of the voucher, enter the following information:
Voucher Issue Date:_____   Voucher Expiration Date_____

☐ **Denied**   ☐ **Approved – Extension granted for:**   ☐ **30 days**   ☐ **60 days**   ☐ **90 days**
Please explain: _____
_____

Reviewed By:_____   **Date:** _____
                    Eligibility & Leasing Manager