

TO: Housing Authority of the City of SLO
487 Leff Street
San Luis Obispo, CA 93401

DATE: _____

RE: EXTENSION REQUEST FOR VOUCHER

NAME: _____
(printed)

CASE NUMBER: _____

I request an extension to my voucher; I have not been able to locate a rental unit. I have filled out my search record, (on the reverse side of this request), and I realize that I must submit this request 10 days prior to the expiration of my voucher, submission date: _____.

I also realize that I must be actively searching for a rental unit or I may not be granted an extension.

I FEEL THAT I HAVE BEEN UNABLE TO FIND A UNIT FOR THE FOLLOWING REASONS:

- | | | | | | |
|----|--------------------------|--|-----|--------------------------|-------------------------|
| 1. | <input type="checkbox"/> | HOMELESS – NO RENTAL HISTORY | 6. | <input type="checkbox"/> | NO PET POLICY |
| 2. | <input type="checkbox"/> | MEDICAL | 7. | <input type="checkbox"/> | RENT TOO HIGH |
| 3. | <input type="checkbox"/> | BAD CREDIT REPORT | 8. | <input type="checkbox"/> | NO DEPOSIT |
| 4. | <input type="checkbox"/> | POOR TENANT HISTORY | 9. | <input type="checkbox"/> | LACK OF AVAILABLE UNITS |
| 5. | <input type="checkbox"/> | LANDLORD DOES NOT PARTICIPATE IN SEC 8 | 10. | <input type="checkbox"/> | OTHER (EXPLAIN BELOW) |

Signature

Contact phone number: _____

Message phone: _____