



**CVR NEW YORK, WESTCHESTER HOUSING CHOICE VOUCHER PROGRAM
REQUEST FOR AN EXTENSION OF ACTIVE VOUCHER**

APPLICANT/PARTICIPANT NAME: _____ Date: _____

VOUCHER ISSUANCE DATE _____

This is to request an extension of my Voucher. I am having difficulty submitting a Request for Tenancy Approval by the expiration date for the following reasons: _____

If you or a member of your household is a person with a disability, you may be eligible for an additional extension of the voucher upon request.

APPLICANT/PARTICIPANT SIGNATURE DATE

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****This section for office use only****

NEW EXPIRATION DATE IF APPROVED: _____

ACTIONS TO DATE: _____

- APPROVED**
- REQUEST DENIED**

REASON FOR DENIAL: _____

CVR NEW YORK STAFF DATE

Rev.9/2016