



Limited English Proficiency

For language assistance services, please contact 1-833-378-2220 (TTY: 1-800-750-0750).

Para servicios de asistencia lingüística, llame al 1-833-378-2220 (TTY: 1-800-750-0750).

Adeegyada kaalmada afka, fadlan kala xiriir 1-833-378-2220 (TTY: 1-800-750-0750).

भाषा सहायता सेवाहरूका लागि, कृपया 1-833-378-2220 (TTY: 1-800-750-0750) मा सम्पर्क गर्नुहोस् ।

لخدمات المساعدة اللغوية، يُرجى الاتصال بالرقم 1-833-378-2220 (الهاتف النصي: 1-800-750-0750).

Pour des services d'assistance linguistique, veuillez contacter le 1 833 378 2220 (téléscripteur : 1 800 750 0750).

Housing Choice Voucher Program



VOUCHER EXTENSION REQUEST FORM

CMHA has established a voucher issuance term of 120 days. This means the voucher is valid for a period of one hundred and twenty (120) calendar days from the date of issuance. Once a family receives a voucher, the family can begin searching for a unit that meets CMHA/CGI program requirements.

Families requiring an extension must submit a request for an extension. If the voucher has not expired, or is within 30 days of the date of expiration, the written extension request can be submitted via USPS, hand-delivered, or by email. The family will be granted one (1) additional one hundred and twenty (120) days of search time. If the expiration date of the voucher falls on a weekend or holiday, the request for an extension must be made the following business day.

If you are a person with disabilities and require a reasonable accommodation to have an equal opportunity to participate and fulfill your program obligations regarding activating your voucher, please indicate if such an accommodation is needed by calling the CGI office at 833-378-2220 or submitting your request in writing to CGI and mailing or hand delivering to:

<u>Mail forms to:</u>	CMHA/CGI P.O. Box 163490 Columbus, OH 43216	<u>Hand deliver forms to:</u>	CGI/CMHA 107 S. High St., Floor 2 Columbus, Ohio 43215
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Program participants may use this form when submitting a written request for an extension however this form is not required. Participants may submit their written request in any format.

HOH Name _____ Client #: _____
 Unit Address: _____ Phone No.: _____
 Date Issued _____ Expiration Date _____ Voucher Size _____

Reason for Extension Request:

Please provide details explaining reason(s) family was unable to submit an RTA prior to the expiration date of Housing Choice Voucher.

I hereby certify that I have, in good faith, searched for a suitable unit and have not been successful in my attempts to find and secure an affordable unit OR that I have had extenuating circumstances preventing me from finding a unit as I explained above.

Signature _____ Date _____

Only complete & return this form if your voucher is going to expire and you are requesting an extension