



HCV Program
1300 Broad Street N
Jacksonville, FL 32202
Phone: 904-552-5952
HCVCustomerService@jaxha.org
JaxHA.org 

REQUEST FOR VOUCHER EXTENSION

A family may request a thirty (30) day extension(s) to the initial sixty (60) day term of an issued Voucher. All requests for extensions should be received at least one week prior to the expiration date of the voucher. The request must be submitted in writing by email or fax or delivered to our office to the attention of Voucher Extension Request. Extensions are permissible at the discretion of JHA HCVP primarily two reasons, as follows:

1. **EXTENUATING CIRCUMSTANCE:** Extenuating circumstances such as hospitalization of a family member or a family emergency over an extended period that has affected the family's ability to find a unit within the initial (60) day term.
2. **REASONABLE ACCOMODATION FOR AN ACCESSIBLE UNIT:** As a reasonable accommodation for a family member with disabilities or for a family member with disabilities to find an accessible unit.

HOH Name:	Tenant ID:
Telephone Number:	Email Address:

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

☐ **EXTENUATING CIRCUMSTANCE**
Briefly explain nature of circumstances:

☐ **REASONABLE ACCOMODATION FOR AN ACCESSIBLE UNIT**
Briefly detail accessibility requirements:

Signature: _____

Date: _____