**Ticket for Housing – Extension Request**

*Participants may be granted* ***one (1) 30-day extension*** *of their Ticket for Housing. Please complete this form and email it back to your Housing Specialist. You may also fax it back to our office at 602-265-4680. Thank you!*

|  |  |
| --- | --- |
|  | |
| Housing Program Participant Name | |
|  |  |
| Case Manager Name | Provider Agency Name |
|  |  |
| Date Ticket Issued | Today’s Date |

*Please check one or more of the following reasons why an extension is required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Difficulty in Locating a Dwelling Unit for the following reason(s):  Market Conditions  Difficulty in locating a unit with accessibility features  Difficulty in locating a unit that accepts pets  Transportation Problems  Multiple denials of applications for tenancy  Criminal Background  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hospitalization / Medical Reasons  Incarceration  Other Reason – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  |  |  |  |
|  | Case Manager/Supportive Services Signature |  | Date |  |
|  | | | | |

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| *For HOM, Inc. Use Only:* | | | | |
| |  |  |  | | --- | --- | --- | | Extension Request Approved |  | Extension Request Denied | | HDS Updated: New Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |  | CM/SS Notified | | | | | |
|  |  |  |  |  |
|  | HOM Representative |  | Date |  |
|  | | | | |