**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!*

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| 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.*

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| [ ]  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:* |
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| [ ]  Extension Request Approved |  | [ ]  Extension Request Denied |
| [ ]  HDS Updated: New Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |  | [ ]  CM/SS Notified |

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|  |   |  |   |  |
|  | HOM Representative |  | Date |  |
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