



25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
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www.caribouhousing.org



REQUEST FOR VOUCHER EXTENSION

Head of Household: _____

Address: _____ City: _____

Phone Numbers: Home: _____ Cell: _____

A family may request a thirty (30) day extension to the initial sixty (60) day term of an issued Voucher. **All requests for extensions must be received at least ten (10) business days prior to the expiration date of the voucher.** The request must be submitted in writing to our office.

Please indicate below why you are requesting a voucher extension:

- Reasonable accommodation due to a disability
- Serious illness or hospitalization (Verification attached) Ex. Hospital documents, Doctor statement
- Death of a family member (Verification attached) Ex. Death announcement
- A previously submitted Landlord Package was denied by CHA due to:
 - The unit failed inspection
 - The unit was not affordable
- Other: (please explain):

IMPORTANT – A copy of your Housing Search Record must be attached to this request

Signature: _____ Date: _____

Please Note: The Caribou Housing Authority's decision to deny a request for an extension of the voucher terms is not subject to informal review. The presence of the above circumstances does not guarantee that an extension will be granted.

FOR OFFICE USE ONLY:

Date Received: _____

- Denied Approved - Number of Days _____

PHA Signature: _____ Date: _____