



Voucher Extension Request Form

Date: _____

Head of Household's Name _____ Phone # _____

Address _____

City: _____ State: _____ Zip Code: _____

All requests for extensions to the voucher term must be made in writing and submitted to the HASLC prior to the expiration date of the voucher (or extended term of the voucher).

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
- Hard to house: Family of three (3) or more minors
- Other: (please explain below):

Please note: The HASLC decision to deny a request for an extension of the voucher terms is not subject to a hearing. The presence of the above circumstances does not guarantee that an extension will be granted.

_____ OFFICE USE ONLY _____

Date Received: _____ Denied Approved Approved for number of days: _____

Signature _____ Date: _____

Housing Authority of St. Louis County
8865 Natural Bridge Rd.
St. Louis, Mo. 63121
(314)428-3200