



JACKSON HOUSING AUTHORITY  
 2747 LIVINGSTON ROAD JACKSON, MS 39213  
 P.O. BOX 11327 JACKSON, MS 39283  
 PHONE: 601-362-0885 FAX: 601-982-4733

**PLEASE RETURN FORM TO:**

Jackson Housing Authority  
 HCV Department  
 2747 Livingston Road  
 Jackson, MS 39213

**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 in writing and received prior to the expiration date of the voucher. Extensions are permissible at the discretion of the Housing Authority. The PHA's decision to deny a request for an extension of the voucher term is not subject to informal review [24 CFR 982.554(c)(4)].

Name (HOH): \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In most cases the Jackson Housing Authority will automatically approve one 30-day extension upon written request from the family. Any request for an additional extension must include the reason(s) an additional extension is necessary. The PHA may require the family to provide documentation to support the request.

The PHA will approve additional extensions only in the following circumstances:

- It is necessary as a reasonable accommodation for a person with disabilities.
- It is necessary due to reasons beyond the family's control, as determined by the PHA. Following is a list of extenuating circumstances that the PHA may consider in making its decision. The presence of these circumstances does not guarantee that an extension will be granted:
  - Serious illness or death in the family
  - Other family emergency
  - Obstacles due to employment
  - Whether the family has already submitted requests for tenancy approval that were not approved by the PHA
  - Whether family size or other special requirements make finding a unit difficult

**Briefly describe the reason for your request to extend the voucher term:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I certify that the above statements are true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my request and may affect my housing subsidy.**

\_\_\_\_\_  
**Head of Household Signature** \_\_\_\_\_  
**Date**

INTERNAL OFFICE USE ONLY	
Original Issue Date: _____	Original Expiration Date: _____
Is this the first extension Request? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, provide the previous voucher extension expiration date: _____	
Voucher Extension Approved <input type="checkbox"/> YES <input type="checkbox"/> NO	
New Expiration Date: _____	
<b>Check below if applicable:</b>	
<input type="checkbox"/> FINAL VOUCHER EXTENSION	
Comments: _____	
JHA Signature: _____	Date: _____