



EDGEWATER HOUSING AUTHORITY

At the Bryan J Christiansen Senior Residence

300 UNDERCLIFF AVENUE
EDGEWATER, NJ 07020
(201) 943-6000 FAX (201) 943-0416

WEBSITE: EDGEWATERHA.ORG



Voucher Extension Request

JOSEPH CAPANO, P.H.M.
EXECUTIVE DIRECTOR

Name: _____

Voucher #: _____

Current Address: _____

Date Voucher Received: _____

Date Voucher Expires: _____

Request for Extension:

Please write an explanation as to why you have been unable to obtain a suitable apartment within the given 60-day period. Include any and all information you think would be necessary to explain your situation. Keep in mind that the information you provide is what the Edgewater Housing Authority will use to determine if you are eligible for a voucher extension. **As per OMB No. 2577-0169 Voucher - Expiration and Extension of Voucher - The voucher will expire on the date stated in item 3 [on your voucher] on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4 [on your voucher]. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.**

____ Approved New Expiration Date: _____

Type of Extension: _____

____ Denied

Joseph Capano, Executive Director

Voucher Holder