



EXTENSION REQUEST FORM

Please complete this form for any participant in Rapid Rehousing that is entering their **10th month** of Rental Assistance if the Case Manager determines with the participant, they are in need of continued rental assistance beyond 12 months. Please refer to the Rapid Rehousing Exit-Related Policies and Procedures as needed. **Email completed form and supporting documentation to rrh.support@hsncfl.org.** In addition to completing this form, please ensure the following are updated/uploaded in HMIS **prior to submission**:

- Case notes which document the need for an extension request
- Housing Stability Plan; updated with participant, within past 30 days reflecting action steps to address challenges (must be specific, achievable, relevant, & time sensitive- short time frames)
- Most recent monthly budget

***All highlighted sections must be completed in entirety prior to submission**

Participant HMIS #	Estimated # of months to Self-Sustainability
Case Manager Name	Date Form Submitted
Move In Date	Total # of FULL months in housing
Check one or more of the following reasons an extension is needed <input type="checkbox"/> Medical or mental health reason <input type="checkbox"/> Loss or reduction of income <input type="checkbox"/> Enrolled in a training/academic program <input type="checkbox"/> Loss of employment <input type="checkbox"/> Other – if other, please explain below <input type="checkbox"/> Incarceration	
In detail explain the specific reasons an extension is needed, based on the selections above :	
Describe specific steps/actions that will take place during the extension period:	
Does the participant plan to remain in current unit or move to another unit?	<input type="checkbox"/> Stay in current unit/Renew lease <input type="checkbox"/> Stay in current unit/Month-to-month <input type="checkbox"/> Move into new unit
Has participant applied for Tax Credit Properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete list below, If no, explain below
Name of Property	Application Date
Outcome	
If no, please explain here:	
Did the participant pay all rent contributions on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the client pay all of their utility contributions on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No



For Reviewing Agency Use Only (OC RRH Funding Source Only)

Extension Request Approved

Extension Request Denied

Adjustments/Reasons/Notes: _____

Reviewing Agency Representative Name

Reviewing Agency Representative Signature

Date: _____