



EXTENSION REQUEST FORM

Please complete this fillable form for any participant in Rapid Rehousing that is entering their **10th full month** of Rental Assistance if the Housing Case Manager determines with the participant, that 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@hscnfl.org.

In addition to completing this fillable form, please ensure the following are updated/uploaded in HMIS **prior to submission**:

- Case notes which document the need for an extension request clearly
- Housing stability plan; **MUST** have been completed within the last 90 days together with the participant
- Most recent monthly budget

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

Participant HMIS # Click here to enter text.	Estimated # of months to Self-Sustainability Click here to enter text.	
Case Manager Name Click here to enter text.	Date Form Submitted Click here to enter text.	
Move In Date Click here to enter text.	Total # of FULL months in housing Click here to enter text.	
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 : Click here to enter text.		
Describe specific steps/actions that will take place during the extension period: Click here to enter text.		
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 Click here to enter text.	Application Date Click here to enter text.	Outcome Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
If no, please explain here: Click here to enter text.		
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: _____