Peoria Housing Authority

Moving Families Forward

Date:	- tu 1			
Name:				
Address:				
City:		State:	Zip:	
Dear Housing Choice Voucher Par	ticipant/Applican	t:		
If you have experienced difficulty Housing Authority Service area sir to exceed 60 days. Please complete	ice the issuance of	f your voucher you ma	y apply for a	n extension not
Are you having difficulty lo	ocating housing in	the area due to cost?_	Yes	No
Are you having difficulty lo reluctance to lease to a Sec			Yes	No
Do you need assistance wit identifying landlords who a Program?	•	the Section 8	Yes	No
Have you been actively loo affordable housing in the la	Yes _	No		
How many units have you l	ooked at in the las	st 60 days?		
List Properties Viewed in the	ne last 60 days:			
Property Address	# of Bedrooms	Property Add	ress	# of Bedrooms
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			-	-
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Please explain the reason you are requesting the extension of your Housing Choice Voucher:						
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Participant Signature			Date			