

Lakeland Housing Authority

430 Hartsell Ave Lakeland, FI 33815

Tel: 863-687-2911

Request for Voucher Extension Form

Participant Information

Name:	Tenant ID:
Date:	Address:
Phone:	Email:
been unable to find a suitable place to live. (Ho	nit, including seeking assistance of LHA, but have
Please specify:	
who is an individual with disabilities. Please specify:	ke the program accessible to a household member
☐Other: Please explain below	
Please ensure supporting documentation is a	attached to this form
Participant signature	Date
□Approved	
□Denied	₹1
Extended date:	
LHA's representative signature:	



			Housing Search Progress	ogress			
		This document will be required if and when the voucher extension is requested	uired if and when th	ne voucher	extension is requested		
Unit address	How it was found? (Newspaper, For rent sign, etc.)	Name/ Number of owners	Date Contacted	Unit seen	Unit seen Did you pay and complete the	, , , , , , , , , , , , , , , , , , , ,	
			מנר בסוומרובת	Co. /co.	application process:- yes / no	OUTCOME OF SEATCH / OF Application	
Name/ Signature of tenant			Date				