



CARES Housing Voucher Program

P.O. Box 1603
 Burlington, VT 05402
 Ph. (802) 660-3455 Email: cares.hvp@cvoeo.org

EXTENSION REQUEST FORM

Reminder: To be considered for an extension, the following info must be provided to the assigned CHVP Benefits Specialist reviewing your case:

Participant Name:	County:	Original Deadline:
Extension Requested for (please circle one):	March	April
		May

Active Housing Search

#	Date	Type (Studio, Apt, Room)	# of Bedroom	Rate	Landlord Name	Landlord Address/Phone, Cell number/E-mail	Lease required (Yes or No)	Date Available
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Housing Refusal

Since you have been pre-approved for a Cares Housing Voucher, Have been offered an apt?

- No
- Yes

If yes, why have you not taken it? (Please be as detailed as you can in your explanation)

Date: ___/___/___ Client Signature: _____ HSW Signature: _____

Do not hesitate to contact us with questions and concerns at cares.hvp@cvoeo.org or 802-660-3455.



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Instructions

1. **Active Housing Search** Please to complete the table as completely as you can. The number of searches will reflect how active your search has been and will be taken into consideration.
2. **Housing Refusal** This is not an automatic disqualifier criterion. Please give most important details to help us make an informed decision.
3. **Submission** via email to the CHVP benefit specialist reviewing your case:
 - a. Nathan Lantieri: nlantieri@cvoeo.org, or
 - b. Elizabeth Parenteau: eparenteau@cvoeo.org
4. **DNF** Please to sign the form. Only complete and signed forms will be considered.