



Bellevue Housing Agency
8214 Armstrong Circle
Bellevue, NE 68147
Phone 402-734-5448
Fax: 402-734-4358

REQUEST FOR VOUCHER EXTENSION

Date: _____

I, _____ am asking for an extension on my
voucher because _____

_____.

I understand that I am only given a total of 120 days from the original date of the voucher to use it before it expires.

Once the 120 days are up my voucher expires and I am no longer eligible for a Section 8/ HCV voucher.

Signature: _____

BHA Witness: _____