Stark Metropolitan Housing Authority
400 East Tuscarawas St. - Canton, OH 44702
PH: 330-454-8051 FX: 330-580-9000 RELAY 1-800-750-0750

EXTENSION REQUEST

Participant's Name: _____

Contact Person: _____

Request Extension no earlier than: _____

Voucher Expires (deadline for request) _____

In order to receive an extension of a Voucher term, you must fill out and submit this form to SMHA BEFORE the expiration date listed in Box 3 or 4a of your Voucher.

REASON(S) AN EXTENSION IS REQUESTED: _____

_____

I have looked at the following units:

Address	Landlord Name	Landlord Phone Number

✸ If you are a person with disabilities and require accommodations to fully utilize the program, you must make your specific request to accommodations in writing and submit to the contact person listed above.