

Extension Request Form

*This Form is to be used when requesting either a Financial or Service Extension

Date of Request: _____

Type of Request Financial Request Service Request

HEAD OF HOUSEHOLD INFORMATION		
Head of Household Name: _____	HMIS ID: _____	
Household Size: _____	Number of Adults: _____	Number of Minors: _____
Household Monthly Income: \$ _____	Source of Income: _____	
Population Type: <input type="checkbox"/> Adults <input type="checkbox"/> Youth <input type="checkbox"/> Families		

PROGRAM ENROLLMENT INFORMATION	
Indicate the program the participant is currently enrolled in, enrollment date and the total number of months enrolled in the program. Indicate if household meets Area Median Income (AMI) for HUD Income Limits .	
Is household at or below 50% AMI <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> ICMS <input type="checkbox"/> Other _____	
Program Enrollment Date: _____	Total # of Months enrolled in the program: _____

HOUSING INFORMATION	
ONLY complete this section if the participant is currently residing in permanent housing or moving into a unit	
Does the unit meet Rent Reasonableness (total rent including utilities being charged for a unit is "reasonable" in relation to rents being charged during the same time period for comparable un-assisted units in the same area)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the unit meet Federal Market Rent (FMR)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INFORMATION OF CURRENTLY RESIDING UNIT Move-In	
Date: _____	Monthly Rental \$: _____
Type of Housing: <input type="checkbox"/> Shared Housing <input type="checkbox"/> Single Room Occupant <input type="checkbox"/> Apartment/Unit <input type="checkbox"/> House	Total Bedrooms: _____
Total # of months in housing: _____	# of months rental assistance has been provided: _____

FINANCIAL ASSISTANCE INFORMATION		
Before requesting financial assistance, please make sure the financial assistance category is built into your program budget. Directions: Check the financial assistance category that is being requested and the amount.		
<input type="checkbox"/>	Rental Assistance: # of month(s) _____	Amount \$ _____
<input type="checkbox"/>	Other: _____	Amount \$ _____
<input type="checkbox"/>	Other: _____	Amount \$ _____

JUSTIFICATION REQUEST

Please explain participants housing plan and need for request for additional assistance below.

Empty box for justification request details.

AGENCY INFORMATION

Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below

Agency Name: _____

Staff Name: _____

Staff Title _____

Staff Signature: _____

Program Manager Signature: _____

Date: _____

City of Long Beach Homeless Services AUTHORIZATION

Approved? Yes No

Notes:

Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below.

City of Long Beach Staff Name

City of Long Beach Staff Signature

Date