



VOUCHER EXTENSION REQUEST

Instructions: Please complete this form to request an extension of your voucher. Fill in **all** requested information including your current voucher expiration date.

T-code: _____

Phone Number: _____

Applicant/Participant

Name: _____

Address:

Current voucher expiration date: _____

I am requesting an extension of my Voucher for the following reason(s):

Effective March 18, 2024, SHRA will grant **one last and final 60-day extension**—if the request is submitted before the voucher expires.

Expiration of a voucher does not have any appeal rights. You will receive a decision in writing with your new voucher expiration date if your request for an extension is approved.

Extension requests may be completed in the Resident Portal at: <https://portal.shra.us/resident/#/>

Applicant/Participant Signature: _____

Date: _____

