

Miami-Dade CoC TBRA Program

REQUEST FOR EXTENSION OF HOUSING SEARCH PERIOD
(Must be submitted within [40] days of the 45-day housing search period)

Date Housing Search Commenced: _____
(Date of Initial Certification Appointment
or Approved Notice or Request to Move)

Applicant or Participant's Name: _____

Social Security Number: _____

Current Address
(Include Apt. #) _____

Describe Extenuating Circumstances Warranting Fifteen Day Extension of Housing Search Period

REQUESTED BY:

Applicant/Participant Head of Household Signature

Date

Print Name

APPROVED BY:

Signature of Authorized TBRA Provider

Date

Print Name and Title