



EDGEWATER HOUSING AUTHORITY

300 UNDERCLIFF AVENUE
EDGEWATER, NJ 07020
(201) 943-6000 FAX (201) 943-0416

EMAIL: EDGEWATER-HOUSING@NJ.RR.COM
WEBSITE: EDGEWATERHA.ORG



JOSEPH CAPANO, P.H.M.
EXECUTIVE DIRECTOR

Voucher Extension Request

Name: _____

Voucher #: _____

Current Address: _____

Date Voucher Received: _____

Date Voucher Expires: _____

Request for Extension:

Please write an explanation as to why you have been unable to obtain a suitable apartment within the given 60-day period. Include any and all information you think would be necessary to explain your situation. Keep in mind that the information you provide is what the Cliffside Park Housing Authority will use to determine if you are eligible for a voucher extension.*

_____ (continued on back)

___ Approved New Expiration Date: _____

Type of Extension: _____

___ Denied

Joseph Capano, Executive Director

Voucher Holder