



HOUSTON
HOUSING AUTHORITY

Transforming Lives & Communities

2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 711 TTY ■ www.housingforhouston.com

**Housing Choice Voucher Program
Continuance / Stay in Place
(Must be signed Tenant and Landlord)**

Name: _____ Date: _____
Last four of SSN: _____
Current address: _____ City: _____ State: _____ Zip: _____
Email address (required): _____
Telephone number: _____
Lease Expiration Date: _____

Please select one option:

____ Stay in Place
____ Continuance

Stay in Place

If you decide to remain in your current unit that is assisted by the Houston Housing Authority, and it is not in a failed inspection status, sign the form and return to Houston Housing Authority.

Continuance

This agreement extends the 30-day to Vacate Notice sent to your office on _____ (Date). The notice to vacate stated that _____ (Client's Name), would vacate the unit known as _____ (Unit's Address) on _____ (Vacate Date).

I, _____ (Client's Name), am unable to vacate the above unit and hereby request a continuance of the Housing Assistance Payment Contract (HAP) and Lease Agreement, continuing payment to the owner.

The Housing Assistance Payment Contract and Lease Agreement shall continue for an additional ____ days and shall expire on _____ (Expiration Date).

The signatures below indicates our **mutual agreement** to this request to extend the Vacate Notice and to **continue** the HAP Contract and Lease Agreement. It is understood that should either party fail to agree to this continuance, the request will be **DENIED**.

Tenant 's Name (Print) : _____ Date : _____
Tenant 's Signature : _____ Date : _____

Landlord Name (Print): _____ Date: _____
Landlord Signature: _____ Date: _____
Landlord Phone number: _____
Email address: _____