

Transforming Lives & Communities

2640 Fountain View Drive Houston, Texas 77057 713.260.0500 P 713.260.0547 TTY www.housingforhouston.com

Housing Choice Voucher Program Agreement to Continue the Assisted Tenancy

Head of Household Name:		
Email Address:		Entity ID:
		nt to your office on The (Client's Name), would
	ce of the Housing Assi	me), am unable to vacate the above unit istance Payment Contract (HAP) and Lease
Another 30-day written Vacate Ninitialed by the tenant and the p	·	d, unless the following is completed and ger.
(Owner's Initials) (Tenant's Initials)	Agreement shal	sistance Payment Contract and Lease II continue for an additional expire on (expiration date).
The signatures below indicated our to continue the HAP Contract and L	•	this request to rescind the Vacate Notice and
It is understood that should any DENIED .	party fail to agree to	this continuance, the request will be
(signature of Tenant)		(date)
(signature of property Owner/Manager	·)	(date)
(signature of Houston Housing Authority Representative)		(date)