



Entity Id: _____

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)**

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

Please select one option only:

_____ **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**

I, _____ (Tenant'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 signatures below indicate 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 Name): _____	Date : _____
Tenant's Signature: _____	Date : _____
Landlord Name (Print): _____	Date: _____
Landlord Signature: _____	Date: _____
Landlord Phone Number: _____	