

Step Extension Application



To be eligible for an extension, families must perform these steps.

- Complete this form to determine if you meet the qualifying criteria.
- Return this form to your AHFC case manager to initiate the Recertification Workflow. You are required to complete the Recertification Workflow timely to determine your eligibility the extension.
- **Provide verification of all family income.**

| | | |
|--------------------------------|---------------|---|
| Head of Household Printed Name | | Telephone Number |
| Housing Assistance End Date | Email Address | Rental Assistance Program <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing |

Extension Qualifiers: Answer each question Yes or No

- Yes No I received a Termination of Assistance notice.
- Yes No My family will pay more than 50 percent of our monthly income toward rent and tenant-paid utilities when assistance ends.
- Yes No I am compliant with my family obligations under my rental assistance program.
- Yes No I am active in Jumpstart.

Tell us why your family is not ready to end rental assistance. For example:

- My family has work income, but it is not sufficient for my family to pay the rent.
- I am currently in a job or work skills training or educational program, but I do not expect it to complete before my current rental assistance terminates.
- One or more family members with income have permanently left my household.
- A family member's medical or health condition is preventing a work-able adult from working or is causing a reduction in work hours for a currently employed adult.

Explain why your family will be unable to pay the rent and when you think that you will be able to pay the rent in full.



Additional Facts for AHFC to Consider

- All adult household members are persons with a disability or 62 years of age or older
- Other _____

Personal Declaration

I do hereby attest that all the information provided in this application about my household members and me is true and complete, and I have read the statements and warning below.

- a) I understand that I must report any changes in family composition in writing to AHFC within ten (10) business days of the change.
- b) I understand I must participate in Jumpstart to be considered for any extension. Jumpstart is AHFC’s Family Self Sufficiency Program that assists families who wish to increase income through employment.
- c) I understand work-able adults in the household must be willing to seek and obtain employment or become actively engaged in job training (any adult family member can fulfill this requirement).
- d) All requested documents are attached.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form.

Current Mailing Address _____

Head, Spouse, or Co-Head of Household Signature _____ Date _____

Printed Name _____

For AHFC Use Only

Extension 1 Extension 2

| | | |
|--------------------|---|-------------------|
| Housing Staff Name | <input type="checkbox"/> Meets Shelter Burden | Date to Jumpstart |
|--------------------|---|-------------------|

Attachments to fss@ahfc.us:

- Step Extension Application (pages 1 & 2)
- Step Extension Calculator (B08)

| | | |
|----------------------|--|-----------------|
| Jumpstart Staff Name | Jumpstart Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date to Housing |
|----------------------|--|-----------------|