



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: \_\_\_\_\_