



Entity Id: _____

HOUSING ALLIANCE HTX

2640 Fountain View Drive ■ Houston, TX 77057 ■ 713.260.0500 P ■ 711 TTY ■ www.alliancehtx.org

Continuance / Stay in Place

(Must be signed Tenant and Landlord)

For participants in the Housing Choice Voucher Program administered by Housing Alliance HTX, officially known as the Houston Housing Authority (hereinafter the "Agency")

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 Agency, and it is not in a failed inspection status, sign the form and return to the Agency.

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): _____

Tenant's Signature: _____ Date: _____

Landlord Name (Print): _____

Landlord Signature: _____ Date: _____

Landlord Phone Number: _____

