

REQUEST FOR EXTENSION OF ANNUAL CERTIFICATION DUE DATE

Please print or type requested information.

Agency Number: _____ Date: _____

Agency Name: _____

Mailing Address: _____

Street or Post Office Box

City

State

Zip

Telephone: (____) _____ Fax: (____) _____

Original Certification Due Date: _____

Requested Extension Date: _____

Justification for Extension: _____

Property Manager (Print): _____

Property Manager Signature: _____

For LPAA Use Only

Approved Extension Date: _____

Approval Signature: _____ Date: _____

Assigned LPAA Auditor: _____