



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

DEPARTMENT OF RENTAL ASSISTANCE PROGRAMS

LEASE EXTENSION AUTHORIZATION

Today's Date: _____

TENANT/LANDLORD CONTACT INFORMATION	
TENANT'S NAME (Print):	TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____
ADDRESS OF UNIT:	
LANDLORD NAME (Print):	TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

**COMPLETE THIS FORM ONLY WHEN YOU ARE REQUESTING
AN EXTENSION OF YOUR ORIGINAL MOVE OUT DATE**

Tenant New Move out date is: _____
MUST BE AT THE END OF THE MONTH & A FULL 30-DAY NOTICE

Landlord, please check appropriate box below:

I give permission for the above tenant to remain in the unit and extend the current lease based on the date shown above as the date of planned move out. I understand that by doing so, I authorize the Housing Authority of the Birmingham District (HABD) Rental Assistance Programs/Section 8 Department to continue rental payments unless the unit has been disqualified for failure to meet HQS.

I understand that if I fail to sign and return this notice to the HABD Rental Assistance Programs/Section 8 Department, no payments will be made by HABD beyond the move out date shown above and the tenant will be responsible for the full rent for any time the tenant remains in the unit beyond the move out date.

This permission to extend the current lease is given to allow for the possibility that the tenant will need additional time to vacate the unit. This lease extension authorization form must be submitted to the HABD Rental Assistance Programs/Section 8 Department in writing no later than ten (10) days prior to the notice to move date. Please be advised that HABD will only approve move out notice extensions in 30-day increments and all will be effective the last day of each month of the move out notice.

I do not give permission to grant an extension of the lease because: _____

Tenant Signature

Date

Landlord Signature

Date