

# 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: \_\_\_\_\_

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## For LPAA Use Only

Approved Extension Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned LPAA Auditor: \_\_\_\_\_