

**EXTENSION REQUEST FOR FILING  
FINANCIAL AND STATE SINGLE AUDITS**

**Mail or Fax (860) 706-5741 to Christina Keune of the Department of Housing, Cognizant Agency for Housing Authorities, at least 30 days prior to the end of the 6-month filing period.**

Pursuant to C.G.S. 7-393 and/or S.S.A. Regulation 4-236-25, a \_\_\_\_\_ day extension  
(Number of Days)\*  
For filing the \_\_\_\_/\_\_\_\_/\_\_\_\_ Audited Financial Statements \_\_\_\_\_ State Single Audit \_\_\_\_\_ is  
(Fiscal Year Ended) (Check applicable reports)  
requested until \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_\_  
(New filing date) (Name of Housing Authority)

Entity Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person & Title \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Specific Reasons For the Request:**

**List any State Agency(s) providing funds, if any.  
(To be completed by Housing Authority receiving funds)** \_\_\_\_\_

**Requested by:**  
Independent Accountant or Accounting Firm \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Independent Auditor's Signature Date Housing Authority Ex..Directors. Signature Date

**Mail or Fax (860) 706-5741 to DECD at least 30-days prior to the end of the 6-month filing period.**

<b>FOR DECD ACTION ONLY</b>	
Extension Approved _____ Denied _____ Date ____/____/____	FOR DOH _____
Date Auditor Notified ____/____/____ Date Housing Authority Notified ____/____/____	
Comments: _____ _____	

**\* Requests for extensions should not exceed 30 days per request.**