

## Appendix H: Veterans Temporary Emergency Housing Voucher Program (VTEMP) - Maximum Stay Variance Request Form

To: Minnesota Department of Veterans Affairs

From: \_\_\_\_\_

Date: \_\_\_\_\_

We, \_\_\_\_\_, are requesting a variance for extension past the 60-day  
Community Service Provider

maximum stay for \_\_\_\_\_ due to the following reason. MDVA will allow  
for a variance in 15-day increments.

Reason for request:

Approved for Housing on \_\_\_\_\_ and is pending Inspection.  
Date

Date of Inspection: \_\_\_\_\_

Approved for Housing, \_\_\_\_\_ pending move-in date.  
Date

Date of move in: \_\_\_\_\_

We, \_\_\_\_\_, are requesting an extension until \_\_\_\_\_.  
Community Service Provider Date

Sincerely,

\_\_\_\_\_  
Community Service Provider (Print)

\_\_\_\_\_  
Community Service Provider (Signature)

\_\_\_\_\_  
Community Service Provider Title

\_\_\_\_\_  
Date

**For MDVA USE ONLY:**    ☐ **Approved**            ☐ **Denied**

\_\_\_\_\_  
**Department Approval**

\_\_\_\_\_  
**Date of Notification**