

EXTENSION REQUEST

FHA Case Number _____

Property Address _____

Purchaser Name (s) _____

Selling Agent _____

Selling Agent Number _____ Selling Agent Fax _____

On behalf of my client, I am requesting an extension of the scheduled closing date for 15 days. Enclosed is a certified check or money order in the amount of \$150.00 (\$10 per day) payable to HUD. I understand that this extension is non-refundable however, if closing occurs in less than the approved extension time, my client will be credited at closing for the per day fee for the unused portion of time. I understand that if this request is denied the check or money order will be returned.

Reason(s) for Extension: _____

Attach documents to support request for extension.

Signature of Selling Agent Date

Extension Dates:	Date Approved	Extension Fees:
1. _____ to _____	_____	\$ _____
2. _____ to _____	_____	\$ _____
3. _____ to _____	_____	\$ _____
Total Fees Paid		\$ _____

.....

Extension of _____ days approved. Closing must occur no later than _____

Extension Request Denied.

Extension Waived.

HUD Authorized Agent Date