

Request for Extension of Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To: [Social Service Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Agency Representative's Name],

I hope this letter finds you well. I am writing to formally request an extension of my current assistance from [specific assistance program name] which is set to expire on [expiration date]. Due to [brief explanation of circumstances, e.g., financial hardship, health issues], I am in need of continued support.

Over the past months, I have faced [specific challenges] which have greatly impacted my situation. Despite my efforts to overcome these challenges, I find myself in need of additional assistance to ensure [brief justification for extension, e.g., basic needs are met, to regain stability, etc.].

I kindly ask you to consider my request for an extension of assistance until [proposed new time frame]. I truly appreciate your support and understanding during this difficult time.

Thank you for your consideration. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]