

# Appeal for Extended Support

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Agency Representative's Name],

I hope this message finds you well. I am writing to formally request an extension of support from your agency regarding [briefly state the type of support you are receiving, e.g., housing assistance, food support, etc.]. My current circumstances have changed, and I find myself in need of continued assistance.

[Explain your situation in more detail, including any hardships or changes that necessitate the request for extended support. Be specific about how the original support has helped you and why it is still needed.]

Due to [mention any relevant factors such as health issues, economic conditions, family responsibilities], I am unable to [explain why you cannot meet certain requirements or circumstances that limit your current ability to sustain yourself].

I kindly ask you to consider my request for an extension of support, as it would significantly impact my ability to [mention any relevant goals, recovery paths, or future plans]. I am committed to making the most of this opportunity and greatly appreciate the assistance I have received thus far.

Thank you for considering my appeal. I am hopeful for a favorable response and appreciate all the support the agency provides to individuals in need.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]