

**PROPERTY OWNER'S REQUEST FOR A TIME EXTENSION
 TO CORRECT HQS INSPECTION DEFICIENCIES**

Please fax this completed form and any other documentation to **312-913-7889**.

Participant Name: _____ Voucher #: _____

Property: _____
 Address City State ZIP Code

The following deficiencies were noted during an HQS inspection of the above property on _____, 20__:

I am requesting that corrections be deferred for the following reason:

- Non Weather Related Extension:** I have attached a written explanation along with any third-party documents that support this request. If approved, this extension will automatically expire 60 days after the date the deficiency was originally noted. I agree to correct any deferred deficiencies and have the property ready for re-inspection by this expiration date.
- Weather Related Extension:** If approved, this extension automatically expires on April 30th. I agree to correct any deferred deficiencies and have the property ready for re-inspection no later than this date. **Note:** *This type of extension request will only be accepted November 1st through February 28th.*

In addition, I understand the following:

- If approved, this extension is applicable only to:
 - Deficiencies where I provided third-party produced documents to support my claim that circumstances beyond my control prevent proper or complete corrective action, or
 - Exterior deficiencies where weather conditions prevent proper corrective action (i.e. paint, masonry)
- All other deficiencies must pass re-inspection within the time allowed for correction (24 hours or 30 days depending on the deficiency) for this property to remain eligible for the Housing Choice Voucher Program.
- Failure to meet the obligations agreed upon will result in abatement of my HAP.

Owner Name Signature Date

Address City State ZIP Code

Telephone Fax E-mail

For Office Use Only:

Approved. Expiration Date: _____ **Denied.** Reason: _____ Initials: _____

*rev. 2/12, barcode: Inspection Extension

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

() **Central Office**
 60 E. Van Buren Street, Chicago, IL 60605

() **South Office**
 1749 E. 75th Street, Chicago, IL 60649

() **Southwest Office**
 10 W. 35th Street, Chicago, IL 60616

() **West Office**
 2750 W. Roosevelt Road, Chicago, IL 60608

CHA Customer Call Center / TTY
 312-935-2600 / 312-461-0079

Web
www.thecha.org/hcv