Property Owner's Request for a Time Extension to Correct HQS Inspection Deficiencies

Please fax this completed form and any other required documents to (312) 786-6667 or mail it to:
HQS Extensions -- CHA HCV Inspections -- 1550 W. 88th Street -- Chicago IL 60620

Tenant Name: _____ Tenant ID #: _____

Property: _____
Address City State Zip Code

I request corrections to the following deficiencies noted on _____, 20____ during an HQS inspection conducted at the above property be deferred. Inspections conducted November 1st and after are eligible for weather related extensions.

_____

_____

I understand that this extension, if approved, 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 and masonry)

I understand that all other deficiencies must pass reinspection within the time allowed for correction (24 hours or 30 days depending on the deficiency) for this property to remain eligible for Housing Assistance Payments (HAP).

Check the reason for the request:

☐ **Non Weather Related Extension:** I have attached third-party documents that support this request. I understand this extension, if approved, automatically expires 120 days after the date the deficiency was originally noted by an inspection. I agree to correct any deferred deficiencies and have the property ready for reinspection no later than 120 days after the date the deficiency was originally noted by an inspection.

☐ **Weather Related Extension:** I understand this extension, if approved, automatically expires on March 31st. I agree to correct any deferred deficiencies and have the property ready for inspection no later than March 31st.

I understand Lead Based Paint deficiencies cannot be deferred more than 90 days from the original inspection noting the Lead Based Paint deficiency. If I am requesting deferral of a Lead Based Paint deficiency, I agree to pursue corrective action at the earliest possible time, but understand I must correct these deficiencies no later than 90 days after the date the deficiency was originally noted by an inspection or March 31st, whichever is earlier.

I understand that failure to meet the obligations I have agreed to in this request will result in abatement of Housing Assistance Payments (HAP).

Owner's Signature: _____ Date: _____

Type or Print Owner's Name: _____

_____
Address City State Zip Code

Owner's Phone: (_____)_____-_____ Owner's Fax: (_____)_____-_____

☐ Extension Approved, Expires _____20_____. Initials: _____

☐ Extension Denied. _____

Note: Weather Related Extension will be accepted November 1st thru February 28th

Revised 03.04.10