



# ECKAN Housing

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## Request for HQS Extension

Owner Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Property Location: \_\_\_\_\_  

Address
City
State
ZIP Code

The following deficiencies were noted during an HQS inspection of the above property on \_\_\_\_\_:  
 \_\_\_\_\_  
 \_\_\_\_\_

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 45 days after the date the deficiency was originally noted as written in our administrative policy. 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 60 days following the original inspection date or March 31<sup>st</sup> whichever is earlier. I agree to correct any deferred deficiencies and have the property ready for re-inspection no later than that date. **Note:** *This type of extension request will only be accepted November 1<sup>st</sup> through March 31<sup>st</sup>.*

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.
- Lead-based paint deficiencies cannot be deferred more than 90 days from the original inspection noting the 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 31<sup>st</sup>, whichever is earlier.
- Failure to meet the obligations agreed upon will result in abatement of my HAP.

Owner Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**For Office Use Only:**

Approved: Expiration Date: \_\_\_\_\_  Denied: Reason: \_\_\_\_\_ Initials: \_\_\_\_\_