



## HQS EXTENSION REQUEST

Today's Date: \_\_\_\_\_

Address Inspection Occurred: \_\_\_\_\_

Date Inspection Occurred: \_\_\_\_\_

Repairs Requiring Extension:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Extension Request (Note: Extensions will not be approved without good reason such as: order for parts (documentation required), contractor delay, inclement weather, back ordering of parts):

\_\_\_\_\_  
\_\_\_\_\_

Individual Requesting Extension:

Client: \_\_\_\_\_

Landlord: \_\_\_\_\_

I understand that this request must be completed and submitted seven (7) days prior to scheduled inspection. Verbal extensions will not be approved. Extension requests will not be approved for life threatening violations requiring corrections within twenty-four (24) hours. Section 8 HCV

Client/Landlord Phone Number: \_\_\_\_\_

Client/Landlord Signature: \_\_\_\_\_

\*Length of extension will not exceed 60 days

### Vermilion Housing Authority HCV Office Use Only

Extension Request:  Approved  Denied

If approved, extension expires on: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

VHA representative signature: \_\_\_\_\_