



## PROPERTY OWNER’S REQUEST FOR A TIME EXTENSION TO CORRECT HQS INSPECTION DEFICIENCIES

Please completed this form and return to: [inspections@tgha.net](mailto:inspections@tgha.net) with any other documentation.

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

Property: \_\_\_\_\_  
Address City State Zip Code

We are unable to correct the following deficiencies noted during the HQS inspection of the above property on \_\_\_\_\_, 202\_\_\_\_\_  
\_\_\_\_\_

We are requesting that corrections be deferred for the following reason:

- Non Weather-Related Extension:** Attached is 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. We agree to correct any deferred deficiencies and have the property ready for reinspection by this expiration date.
- Weather Related Extension:** If approved, this extension automatically expires on April 30<sup>th</sup>. I agree to correct any deferred deficiencies and have the property ready for reinspection no later than this date. **Note:** *This type of extension request will only be accepted November 1<sup>st</sup> through February 28<sup>th</sup>.*

In addition, I understand the following:

- If approved, this extension is applicable only to:
  - Deficiencies where I provide 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 reinspection with the time allowed for correction (24-hours or within 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 we are requesting deferral of a lead-based paint deficiency, we agree to pursue corrective action at the earliest possible time, but understand that we must correct these deficiencies no later than 90-days after the date the deficiency was originally noted by an inspection or April 30<sup>th</sup>, whichever is earlier.
- Failure to meet the obligations agreed upon will result in abatement of the HAP.

Owner Name Signature Date

Address City State Zip Code

Telephone Fax E-mail

**For Office Use Only:**

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