



Housing Authority of the City of Reno

CLIENT REQUEST FOR A TIME EXTENSION TO CORRECT HOUSING QUALITY STANDARDS DEFICIENCY

Please fax this completed form to (775)786-1712 or email to inspections@renoha.org with any other documentation.

Client Name: _____ Client # _____

Unit Address: _____
Address City State Zip Code

The following deficiencies were noted during an HQS inspection of the above property on _____, 201__:

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

I am requesting an extension to: _____

I understand the following if approved:

- **When repairs have been completed it is the client's responsibility to contact the inspector's office and schedule a re-inspection.**
- I agree to pursue corrective action at the earliest possible time, but understand I must correct these deficiencies prior to the expiration of this extension.
- Failure to meet the obligations agreed upon will result in abatement of my Housing Assistance Payment.

Client Signature _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

For Office Use Only:

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