



# Housing Authority of the City of Reno

## PROPERTY OWNER'S 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](mailto:inspections@renoha.org) with any other documentation.

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

Property: \_\_\_\_\_  
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 landlord'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 \_\_\_\_\_

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**For Office Use Only:**

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