



REQUEST FOR AN EXTENSION ON REPAIRS

Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. The objective of the HCV Program is to assist low-income families in leasing quality, safe and sanitary housing at an affordable cost and in accordance with HUD and CMHA guidelines. Efforts will be made at all times to encourage owners to provide housing that exceeds HQS minimum standards. CMHA is responsible for assuring that each unit occupied by an HCV Program participant meets the HQS and CMHA guidelines.

Extensions for correcting non-life-threatening HQS deficiencies will be granted in cases where CMHA determines that the owner or family has made a good faith effort to correct the deficiencies and is unable to do so for reasons beyond their control. The length of the extension will be determined on a case-by-case basis and there is no entitlement of an extension.

Reasons for an extension may include, but are not limited to:

- An unavoidable delay in completing repairs due to difficulties in obtaining parts or contracting for services (special order parts);
- Delays due to climate conditions (ex. snow);
- Complexity or extensive nature of repairs which make it impossible to complete the repairs by the original due date (ex. Roof replacement, extensive concrete work, etc.);
- Serious illness or death.

The request for an extension must be made in writing to the inspection's manager prior to the due date for repairs. All requests must have 3rd party documentation to be considered for approval (except for weather related requests). For conditions that are life-threatening, CMHA cannot grant an extension on the 24-hour corrective action period. **Extensions will not be considered without documentation to support the request.**

CMHA will review the request for an extension and notify the party making the request, in writing, of its decision within 3 business days of the determination. Request for an extension must be made at least 48 hours prior to the due date on the repairs. No extensions will be granted after the unit has been placed under abatement.



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REPAIRS Please complete the information below:

Inspector's Name

Inspection Date

Type of Inspection:

- Emergency
- Annual
- Quality Control
- Complaint

Print Name of Person Making the Request

Print Name of Voucher Holder

Print Name of Owner

Unit Address (please include apartment #)

Telephone Number of Person Making the Request

Date of Request

Date Repairs will be completed

Requester's email address and/or fax number

Please describe, in detail, your reason for requesting an extension on the repairs for the above mentioned inspection. Please fax this request to 513-665-2922.

Extension Approved

New Due Date for Repairs _____

Extension Denied

CMHA

Date