

Housing Choice Voucher Program
Property Owner Request HQS Time Extension
Non-Weather Related Extension and Weather Related Extension

Participant Name: _____

Property Address: _____
Address City State ZIP Code

Owner Name: _____ Owner Signature: _____

Owner Address: _____
Address City State ZIP Code

Owner Phone: _____ Owner Email: _____

List of deficiencies on Inspection Report (requiring extension):

PLEASE CHECK THE REASON FOR THE DELAYED CORRECTION OF THE HQS DEFICIENCY.

Weather Related Extension: If approved, this extension will expire on May 1. I agree to correct any deferred deficiencies and have the property ready for re-inspection, no later than May 1. An inspection will be conducted on or after May 1. If the unit does not pass, HAP will be abated effective retroactive to the original deficiency date. DHC will mail a notice no later than April 20th advising you of the date of the re-inspection.

Note: Weather Related Extensions request will only be accepted November 1st through April 15th

Non Weather Related Extension: I have attached 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 original failed inspection. I agree to correct any deferred deficiencies and have the property ready for re-inspection by this expiration date.

In addition, I understand the following:

If approved, this extension is applicable only to:

- Deficiencies where third-party documents were provided 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 re-inspection within the time allowed for correction (24 hours or 30 days depending on the deficiency) for this property to remain eligible for the Housing Choice Voucher Program.
- Failure to meet the obligations agreed upon will result in abatement of my HAP retroactive to the original deficiency date. If not corrected within 30 days of the DER re-inspection, one final re-inspection will be allowed. If the unit does not pass this final inspection the HAP Contract will terminate at the end of the following month. No additional inspections will be granted.
- Return to inspections@dhcmi.org within 5 business days of the last inspection fail

For Office Use Only:

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

