

HOUSING AND COMMUNITY SERVICES DEPARTMENT
SECTION 8 HOUSING CHOICE VOUCHER (HCV) OFFICE
332 N. RIVERVIEW WICHITA, KS 67203
316-462-3700 (VOICE) 316-337-9103 (FAX)

HOUSING QUALITY STANDARDS (HQS) CLIENT/LANDLORD EXTENSION REQUEST TO CORRECT DEFICIENCIES CITED DURING RECENT INSPECTION CONDUCTED ON RENTAL PROPERTY

Today's Date: _____

Address Inspection Occurred: _____

Date Inspection Occurred: _____

Reason for Extension Request (Note: Extensions will not be approved without good reason such as: order for parts (documentation required), contractor delay, inclement weather, back ordering of parts):

Individual Requesting Extension

- Client: _____
- Landlord: _____

I understand that this request must be completed and submitted **seven (7)** days prior to scheduled inspection. Verbal extensions will not be approved. Extension requests will not be approved for life threatening violations requiring corrections within **twenty-four (24)** hours.

Section 8 HCV Client/Landlord Phone Number: _____

Section 8 HCV Client/Landlord Phone Signature: _____

Wichita Housing Authority (WHA) Section 8 Office Use Only

Extension Request: Approved Denied

If approved, extension expires on : _____

WHA representative signature: _____