

**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 CLIENT/LANDLORD EXTENSION REQUEST
TO CORRECT DEFICIENCIES CITED DURING RECENT
INSPECTION CONDUCTED ON RENTAL PROPERTY**

TODAY'S DATE _____

DATE INSPECTION OCCURRED _____

REASON FOR EXTENSION REQUEST _____

INDIVIDUAL REQUESTING _____

- 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 will not be approved for life threatening violations requiring corrections within (24) hours.

Section 8 HCV Client/Landlord Phone Number _____

Section 8 HCV Client/Landlord Signature _____

WHA (SECTION 8 OFFICE) USE ONLY

EXTENSION REQUEST: APPROVED DENIED

IF APPROVED, EXTENSION EXPIRES ON: _____

WHA REPRESENTATIVE SIGNATURE _____