

Extension Request Form

Housing Quality Standards Failed Inspections

This form is provided to request an extension to the period within which an owner must correct any non-life-threatening deficiencies from a recurring Housing Quality Standards inspection. This form cannot be used to request an extension for a life-threatening deficiency. Extensions will only be granted for good cause at the Housing Authority’s discretion. The request decision will be confirmed in writing.

Owner Information:

Owner Name: _____

Owner Address: _____

Owner Email: _____ Phone Number: _____

Unit Information:

Address of Rental Unit: _____

Date of Inspection: _____ Corrections Due By: _____

Reason for extension request: _____

Extension requested until: _____

Have you previously received an extension for this unit? Yes No

By signing this form, I certify that all the information provided above is true, correct, and complete to the best of my knowledge. I understand that this information will be relied upon for the purposes of continuing my Housing Assistance Payments Contract. I acknowledge that the Housing Authority of the County of Santa Cruz reserves the right to deny my extension request for any reason. I understand that failure to comply with the Housing Quality Standards may result in the abatement of housing assistance payments and the potential termination of my Housing Assistance Payments Contract. I understand that any misrepresentation in my statements may be considered fraud. **WARNING– Title 18 Section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.**

Print Name

Signature

Date

