CAMBRIDGE HOUSING AUTHORITY

675 Massachusetts Avenue
Cambridge, MA 02139
www.cambridge-housing.org
PH 617 864 3020; TDD 800 545 1833 x112

Una versión en Español de este documento está disponible en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org.

Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Santral CHA epi nan sit intènèt CHA: www.cambridge-housing.org.

A versão em Português deste documento está a sua disposição no Local Central de Gerencia do CHA e no Website do CHA: www.cambridge-housing.org.

FAILED INSPECTION: EXTENSION REQUEST FOR COMPLETION OF REPAIRS

Date: _____

Applicant/Participant Name: _____

Owner Name: _____ Phone #: _____

Owner Address: _____

_____

I, _____, as Owner, would like to request an extension to the
Name
deadline for the completion of repairs on the unit located at:

_____
Address City State Zip

I am requesting an extension of _____ days for the completion of repairs.

Provide a brief explanation to justify extension request: _____

_____

_____

Owner Signature: _____ Date: _____

INSPECTOR RECOMMENDATION

Inspector Name: _____

Date of Initial HQS Failure: _____

Recommended Extension: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 120 days ☐ Other: _____

Attach a copy of the inspection report.

DEPUTY DIRECTOR APPROVAL/DENIAL

☐ Approved ☐ Denied ☐ Other _____

Approved Extension: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 120 days ☐ Other: _____

Deputy Director Name: _____

Deputy Director Signature: _____ Date: _____