Housing Authority of the City of Augusta, Georgia



1435 Walton Way Augusta, Georgia 30901-2609 (706) 724-5466 www.augustapha.org

REQUEST FOR AN EXTENSION ON REPAIRS

Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. The objective of the Housing Choice Voucher (HCV) Program is to assist low-income families in leasing quality, safe and sanitary housing at an affordable cost and in accordance with HUD and the Augusta Housing Authority (AHA) guidelines. Efforts will be made at all times to encourage owners to provide housing that exceeds HQS minimum standards. AHA is responsible for assuring that each unit occupied by an HCV Program participant meets the HQS and AHA guidelines.

Extensions for correcting non-life-threatening HQS deficiencies will be granted in cases where AHA determines that the owner or family has made a good faith effort to correct the deficiencies and is unable to do so for reasons beyond their control. The length of the extension will be determined on a case-by-case basis and there is no entitlement of an extension.

Reasons for an extension may include, but are not limited to:

- An unavoidable delay in completing repairs due to difficulties in obtaining parts or contracting for services (special order parts);
- Delays due to climate conditions (ex. snow);
- Complexity or extensive nature of repairs which make it impossible to complete the repairs by the original due date (ex. Roof replacement, extensive concrete work, etc.);
- Serious illness or death.

The request for an extension must be made in writing no later than five (5) calendar days prior to the original due date for repairs. All requests must have documentation to be considered for approval (except for weather related requests). For conditions that are life-threatening, AHA cannot grant an extension on *emergency repair items.

Extensions will not be considered without documentation to support the request.

AHA will review the request for an extension and notify the party making the request, in writing, of its decision within 3 business days of the determination. No extensions will be granted after the unit has been placed under abatement.

***EMERGENCY REPAIR ITEMS [24 CFR 982.404(a)]

The following items are considered of an emergency nature and must be corrected by the owner or tenant (whoever is responsible) within 24 hours of the failed notice by the inspector. Extensions cannot be granted for emergency failed items:

- Lack of security for the unit
- Waterlogged ceiling in imminent danger of falling
- Major plumbing leaks or flooding
- Natural gas leak or fumes
- Electrical problem which could result in shock or fire
- No heat when outside temperature is below 30° degrees Fahrenheit and temperature inside unit is below 65° degrees Fahrenheit.
- Utilities not in service, including no gas in the unit, no electricity in the unit, and no running water
- Broken glass where someone could be injured
- Obstacle(s), debris, etc., which prevents tenant's safe entrance or exit to and/or from property/unit
- Lack of functioning toilet (if unit only has one toilet)
- Inoperable or missing smoke detector(s)



HOUSING AUTHORITY OF THE CITY OF AUGUSTA GEORGIA ASSISTED HOUSING/SECTION 8 DEPARTMENT

HQS EXTENSION REQUEST FOR COMPLETION OF REPAIRS **FAILED INSPECTION FORM**

| Today's Date: | | | | | |
|---|--|--|-----------------|---------------------------------------|--|
| Tenant Name: | | | | | |
| Date Property Inspected: | Name of I | nspector: | | | |
| I,(Print Name) | , as landl | , as landlord/Agent, would like to request an extension to the | | | |
| deadline for the completion of repairs | on the unit located at: | | | | |
| Property Address: | Street | City | State | Zip | |
| I am requesting an extension of30 days). Please be advised that the A 24-hour emergency HQS failed items | augusta Housing Authority | ion of repairs (no exte (AHA) does not grant | nsion will be a | approved beyond r life threatening | |
| Please provide a brief explanation to j | justify your request for an e | xtension: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Landlord/Agent Mailing Address (Street, City, State, Zip) | | Telephone Number | | | |
| Print Name | | Facsimile # or Email | | | |
| | | | | | |
| Landlord/Agent Signature | | | Date | | |
| Landlord unable to gain entry to do rep Only one extension to complete repairs repairs are not completed and re-inspec A "request" for an extension does not cagency. | will be granted. The HAP contra- tion passes prior to the extension | ct will automatically termi deadline date. | | • | |
| AHA Use Only: | | | | | |
| [] Approved [] Denied By: | | | | | |
| Title: | Director of Administration | or Designee | DE///055 = 1 | Date | |
| | | | REVISED Fel | oruary 2023 | |