

SALINA HOUSING AUTHORITY  
SECTION 8 HOUSING CHOICE VOUCHER (HCV)  
459 S 5<sup>TH</sup> ST.  
SALINA, KS 67401  
(785) 827-0441 X 209 (785) 827-0442 (Fax) [Nichole@salinahousing.org](mailto:Nichole@salinahousing.org)

**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 Signature: \_\_\_\_\_

**Salina Housing Authority (SHA) Section 8 Office Use Only**

Extension Request:      Approved                      Denied

If approved, extension expires on: \_\_\_\_\_

SHA Representative Signature: \_\_\_\_\_