

The Housing Authority
Of The City Of Danville, Illinois
1607 CLYMAN LANE
DANVILLE, ILLINOIS 61832
(217) 443-0621 ♦ FAX (217) 444-3172

HQS EXTENSION REQUEST

Today's Date: _____

Address Inspection Occurred: _____

Date Inspection Occurred: _____

Repairs Requiring Extension:

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: _____

Client/Landlord Phone Signature: _____

*Length of extension will not exceed 60 days

Housing Authority of the City of Danville, IL Section 8 Office Use Only

Extension Request: Approved Denied

If approved, extension expires on: _____

If denied, reason for denial: _____

WHA representative signature: _____