EXTENSION REQUEST FORM

Attn: Kara Korbel (ahainspections@alamedahsg.org) or Fax: (510) 666-6755

This form is to be completed to request an extension if one or more of the repairs can **NOT** be completed by the (30 DAY DEADLINE) to avoid abatement of the Housing Assistance Payments.

Please Note: The AHA approval of extensions for non-life threatening repairs may include but is not limited to the following:

- A repair cannot be completed because required parts or services are not available.
- A repair is expensive (e.g., exterior painting or roof repair) and the owner needs time to obtain funds.
- A repair cannot be completed because of weather conditions.
- A reasonable accommodation is needed because the family includes a person with disabilities.

The length of the extension will be determined on a case-by-case basis.

Please complete the following information and return form to the AHA prior to the 30-day deadline.

<table>
<thead>
<tr>
<th>Unit Address</th>
<th>Failed Items</th>
<th>Reasons for extension</th>
<th>Requested extension date (how additional days needed to complete the repairs)</th>
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Print Owner Name     Signature    Date

To be completed by AHA STAFF:

The 30-day extension has been approved with a new expiration date of _____________.
The 30 day extension has been denied due to one of the following reasons:

___ Not an approveable period of time
___ Other

Comments:_________________________________________________________________________________
   ______________________________________________________________________________________

Approved By: ___________________________ Date: __________________________