



EXTENSION REQUEST FORM

Attn: AHA Inspections Team (hqsinspections@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.

Unit Address	Failed Items	Reasons for extension	Requested extension date (how additional days needed to complete the repairs)

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 approvable reason

☐ Not an approvable period of time

☐ Other

Comments: _____

Approved By: _____ Date: _____

