

Request for a Special Inspection

HCV Department

Please complete this form to request a special inspection of your unit. SHA will review this form and if the items listed below are violations of the HQS guidelines, then we will contact you to set up an inspection. If the items below do not fall under the HQS guidelines, then we will not perform an inspection of the unit. Only the items listed below will be inspected.

Name of Tenant _____

Unit Address _____

Phone Number where we can reach you _____

Email address where we can reach you _____

Please list each issue separately on the lines below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have you contacted the owner about the above issues? Yes No

If yes, what day and time did you contact the owner? _____ Did you contact them in writing (mail, fax, text) or by telephone? _____

If you did not contact the landlord, then we will not perform an inspection of the unit until you have contacted them and reported the issues and given them time to respond and make the repairs.

Statement of understanding: I understand that the Housing Authority will review this form, and if they deem the issues to be in violation of the HQS standards, they will contact me to set up a special inspection. For life-threatening items, they will contact me within 24 hours. For non life-threatening items, they will contact me within 72 hours.

Tenant Signature _____ Date _____