

Northeast Oregon Housing Authority

Serving Union - Grant - Baker & Wallowa County

Mailing Address Office Location

P.O. Box 3357 2608 May Lane
La Grande, OR 97850



PHONE: 541-963-5360

800-452-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: info@neoha.org

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities.
NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR, pt8)11/13

NSPIRE EXTENSION REQUEST FORM

Please be advised extensions will be determined on a case by case basis, but will not exceed 60 days from the original failed inspection date to avoid abatement of HAP, except in the case of delays caused by weather conditions. Any life-threatening NSPIRE deficiencies must be completed within 24 hours of the original inspection to avoid abatement of HAP. Extension will not be considered on emergency failed items. **Verbal extension requests will not be accepted.**

Today's Date: _____ Inspection Date: _____

Owner Name: _____

Participant Name: _____

Unit Address: _____

I, owner/managing agent of the above listed unit address, hereby request an extension in repair time of _____ days.

By signing below, I _____ understand that I must contact the Northeast Oregon Housing Authority once the repairs are made to arrange for a re-inspection. Failure to do so within adequate time to complete the inspection will result in abatement of HAP.

Owner signature: _____

I am requesting the extension due to the following reason(s):

- ☐ Required parts or services are unavailable until: _____ (Attach repair agreement)
- ☐ Current weather conditions (please describe the issue attaching a separate page if needed)
- ☐ A reasonable accommodation is needed because the family includes a person with disabilities.

Return form to: 2608 MAY LANE LA GRANDE, OR 97850; E-MAIL klowe@neoha.org

FOR OFFICE USE ONLY

() Approved. The new deadline will be: _____ Letter mailed: _____

() Denied. The unit must be repaired by the re-inspection date of: _____ Letter mailed: _____

Inspector Print Name _____

Date _____

Inspector Sign Name _____

Date _____



«Contactdetail»