



## **3<sup>rd</sup> Inspection Request Form**

JHA has been notified from McCright (Contracted Inspection Company) that your unit has resulted in 2 (two) failed inspections. Therefore, your Hap Contract payments have been placed on hold. (23 CFR 982.404 (a) (3), Admn Plan 12.0). At this time, your tenant has the privilege to vacate the unit and search for more suitable housing. If you and your tenant would like to resolve this matter with **One Final Attempt**, please complete this form and submit within 7 business days of receipt. Late forms will not be accepted after the 7 (seven) business day deadline. *FYI-*  $2^{nd}$  *Failed inspections most likely will result in a denied Rent Increase*.

## \*Form must be signed by tenant and landlord before being submitted\*

Tenant Name	Phone Number	Email
	( )	

Unit Address	City	State	Zip Code

Landlord Name	Phone Number	Email
	( )	

In order to obtain a  $3^{rd}$  inspection the following item(s) must be submitted with this form, to ensure that the repairs have been completed.  $3^{rd}$  inspections will not be scheduled if proof of repairs have not been submitted by the deadline.  $3^{rd}$  inspections will be performed within 10-15 business days after approval.

- Receipt showing purchased items needed to complete repairs (Lowes, Home Depot, etc.)
- Invoices
- Pictures
- Letter from maintenance man or contractor.

I waive my right to vacate the unit, and it's my decision to remain in my current unit. Therefore, I request to have a 3<sup>rd</sup> inspection performed. I understand that I will be issued a termination, if I have not repaired all the items that I was cited for. I have been made aware that if my unit fails the 3<sup>rd</sup> inspection, I will be issued a voucher to relocate.

Tenant Signature: \_\_\_\_

Date: \_\_\_\_\_

I certify that I have made all repairs that have been requested from McCright to pass inspection. I am aware that if the unit fails the 3<sup>rd</sup> inspection, my Hap Payments will remain on hold, and I will not be granted another inspection for this unit. I am aware that the tenant will be issued a voucher relocate.

Landlord Signature: \_\_\_\_\_

Date:

Form Must <u>ONLY</u> Be Submitted Via email or dropped off to: Rebekah Lester 770-478-7282 ext. 29 <u>rlester@jonesborohousing.com</u> <u>Faxes will not be accepted</u>