



CITY OF INGLEWOOD

Housing and Section 8 Programs



INGLEWOOD HOUSING AUTHORITY SPECIAL INSPECTION REQUEST FORM

SPECIAL INSPECTIONS [24 CFR 982.405(c)]

A Special Inspection may be requested by the **participant, owner, law enforcement, or another government agency** to address specific problems within a subsidized unit.

If any of the above parties notify the Inglewood Housing Authority (IHA) that a unit may not meet **HUD Housing Quality Standards (HQS)**, IHA will conduct a Special Inspection.

In accordance with the lease agreement, participants are required to notify the landlord, as outlined in the lease, of any needed repairs and allow the landlord a reasonable amount of time to complete the repairs prior to requesting a Special Inspection.

If the participant does not receive a response from the landlord or the repairs have not been completed within a reasonable time, the participant must notify IHA and confirm that they attempted to resolve the repair issues with the landlord but were unsuccessful.

During the Special Inspection, **IHA will inspect only the items reported in the request.** However, if the inspector identifies additional deficiencies that would cause the unit to fail HQS, the responsible party (participant or landlord) will be required to complete the necessary repairs.

If the unit's **annual inspection is scheduled within 60 days of the Special Inspection**, and all items normally reviewed during an annual inspection are inspected, the Special Inspection may be **reclassified as the Annual Inspection**, and all annual inspection procedures will apply.

GENERAL INFORMATION

Participant Name: _____

Unit Address: _____

Landlord Name: _____

Date of Written Repair Request to Landlord (**MUST ATTACH COPY OF LETTER**): _____

Is this a 24-Hour Emergency Repair Request: YES ____ NO ____

Have you contact the owner of the repair? YES ____ NO ____

If yes when: _____ (provide copies of text, email, and/or letters)

Date of Written Request for Special Inspection to IHA: _____

EMERGENCY REPAIR ITEMS

The following items are considered of an emergency or life-threatening nature and must be corrected by the owner or tenant (whoever is responsible) within 24 hours of notice by the inspector:

- Gas leak or fumes;
- Flooding, plumbing leaks, water leaks, or ceilings and walls that are water-damaged or saturated;
- Backed up plumbing;
- Exposed/arcing electrical or electrical problems which may result in shock or fire;
- Hanging siding or rain gutters;
- No heat when outside temperature is below 30 degrees and inside temperature is below 50 degrees;
- Utilities (electric, gas, or garbage) not in service;
- No running water or hot water;
- The only toilet in the unit is inoperable;
- Fully inoperable stove or refrigerator;
- Inoperable smoke detectors;
- Obstacle which prevents entrance or exit;
- Major vermin and insect infestation;
- Severe structural damage: collapsed roof, ceilings, walls, or floors;
- Severe exposed broken glass or metal;
- Lack of security for the unit.

REASON FOR REQUESTING A SPECIAL INSPECTION

Please list the reason(s) for requesting a Special Inspection. Attach photographs or documentation from a third party, if applicable.

Repair(s)

- 1)
- 2)
- 3)
- 4)
- 5)

I hereby swear and attest, under penalty of perjury, that all information contained in this document is true and correct to the best of my knowledge. I further attest that I have made diligent efforts to resolve the above-noted issue with my landlord, both verbally and in writing, without success.

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States. **Making false statements is also a felony under California state law** (Penal Code Sections 115, 118, 487, and 532) and may result in criminal charges, including perjury and filing false documents with a public office.

Participant Signature: _____ **Date:** _____

TO BE COMPLETED BY OFFICE STAFF:

Tenant: _____

HAP Contract #: _____

Inspection Initiated without form: Yes No

Inspection Staff Received: _____ **Date:** _____

Copy of Written Request to Landlord: YES NO **Date:** _____

Date of Last Inspection: _____ **IHA Inspector:** _____

Special Inspection Necessary: YES NO

If No, Please Explain:

Repairs Completed: YES NO

Please Explain:

Follow-Up Inspection Necessary: YES *NO

Date: _____

IHA Inspector: _____ **Special Inspection Date:** _____