

Aurora Housing Authority

1630 West Plum Street, Aurora, IL 60506-3462

Phone (630) 859-7210 Fax (630) 859-7219

Notice of Unit on Fail Status

JULY 29, 2010

HAYTHAM FARIJ

5626 CAMBOURNE

DEARBORN HEIGHTS IL 48107

Tenant:

JACQUELINE MACK

423 COMMERCE ST

AURORA IL 60504

INSPECTION DATE: 07/29-10

DEADLINE DATE TO MAKE REPAIRS: 08/26-10

The annual inspection of the aforementioned unit revealed Housing Quality Standards (HQS) violations that are or could be potential hazard(s) to the health or safety of your tenant(s).

Emergency or life-threatening deficiencies and must be corrected within 24 hours. You were notified by phone/fax/e-mail on: _____ that the item(s) listed below are emergency items.

Please refer to the attached summary sheet for a complete list of deficiencies (if applicable).

The remaining violations must be corrected within 30 days of the date the inspection. Federal Regulations state that the Housing Authority may abate / withhold Housing Assistance Payments (HAP) or terminate the HAP Contract for repairs not completed within the allotted timeframe. You cannot collect or hold the tenant responsible for any money not paid out by the Housing Authority due to your non-compliance.

Once repairs are completed, the unit re-inspected and passes payments will resume. Any payments abated / withheld by the Housing Authority will never be paid out.

The unit will be re-inspected no later than 08/26-10.

Please sign and return this letter when repairs have been completed. Contact the inspector before the thirty day deadline date if any unusual problems, (i.e. need to order a part) so that we can work with you.

Let Us Help You!

The following items are not HQS violations, but are being listed for your information and may need your attention:

Sincerely,



Diana E. Sefton
Housing Choice Voucher Inspector

Signature of Owner/Manager

Date

Cc: file



Inspection Summary/Comments (Optional)
 Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."
 Inspector: Seton
 Date of Inspection (mm/dd/yyyy): 07-29-10
 Address of Inspected Unit: 423 Commerce St
 Type of Inspection: Initial Special Reinspection
 Person for "Fail" or "Pass with Comments" Rating: _____
 Item Number: _____

Item Number	Description	Rating
3.10	1/2 Bathrooms	3.10
3.10	Tilet - continually running	3.10
3.10	2nd Floor - hall	3.10
3.10	Tilet - continually running	3.10
3.10	master bath	3.10
3.10	Tilet - continually running	3.10
4.7	Bedrooms	4.7
4.7	rear left	4.7
4.7	wall - door knob is loose	4.7
4.10	Smoke Detector - did not work, check and correct	4.10

Inspection Summary/Comments (Optional)
 Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."
 Inspector: _____
 Date of Inspection (mm/dd/yyyy): _____
 Address of Inspected Unit: _____
 Type of Inspection: Initial Special Reinspection
 Person for "Fail" or "Pass with Comments" Rating: _____
 Item Number: _____