



Berkeley Housing Authority

1947 Center Street, Fifth Floor., Berkeley, CA 94704
Telephone: (510) 981 5470 Fax: (510) 981 5480

Owner Abatement Appeal Form

Fax or email this document Attn: BHA Administration
Fax 510-981-5480; email kcoleman@cityofberkeley.info

Property Address \_\_\_\_\_

Owner Name \_\_\_\_\_

Property Manager (if applicable) \_\_\_\_\_

Family Name \_\_\_\_\_

I am appealing the abatement that began effective \_\_\_\_\_ (date) because:

- I have attached documentation that all the required repairs listed on the Notice of Fail items dated \_\_\_\_\_ were corrected on \_\_\_\_\_ (date)
( ) Repairs were completed by a contractor or handyperson (invoice for work performed and/or receipt of materials purchased attached)
( ) I completed the repairs (receipt of materials purchased attached)
( ) Other (documentation attached)

I have attached documentation that I submitted a written request to Berkeley Housing Authority requesting an extension to complete repairs by (date) \_\_\_\_\_. This request was submitted by myself on \_\_\_\_\_ (date) and approved by BHA on \_\_\_\_\_ (date).

I was unable to complete repairs by the reinspection date. However, I have documentation that I ordered parts or negotiated a contract with a contractor to complete the repair(s) on \_\_\_\_\_ (copy attached).

Fail items that were not corrected are the responsibility of the tenant (attach evidence of lease enforcement)

- I was prevented from completing repairs by the required date:
( ) because of inclement weather (for work required outside of the unit only)
( ) contractor was not available
( ) denied access by resident (attach evidence of lease enforcement)

The following item(s) does not represent a "Fail" under HUDs of Housing Quality Standards \_\_\_\_\_

I certify under penalty of perjury that the information provided above is true and accurate.

Signature/Owner \_\_\_\_\_ Today's Date \_\_\_\_\_

Note: The Owner is responsible for ensuring that the Housing Authority has access to the unit for purpose of confirming that repairs have been completed, by being present, or ensuring that the Tenant is present. Lack of access to the unit for purposes of reinspection is not basis for reversing an abatement.

For BHA USE Only

Date form Received: \_\_\_\_\_ All Required Attachments Submitted? [ ] Y [ ] N
The unit has been reinspected and Passed [ ] Y [ ] N Date: \_\_\_\_\_

- Abatement reversed effective \_\_\_\_\_ (date)
Abatement affirmed because \_\_\_\_\_

BHA Representative \_\_\_\_\_ Date \_\_\_\_\_