



Wichita Housing Authority

Special Inspection Request

Use this form to report any problems you are having in your unit. By completing this form you are certifying that you have contacted your landlord about the issue and the landlord has not made an adequate attempt to correct the problem.

Client Name	_____	Date	_____
Client Phone	_____	Housing Specialist	_____
Address	_____		
	Street	City	State Zip Code
Landlord Name	_____	Landlord Phone Number	_____

Please indicate the dates the complaint was given to the landlord:

_____ First Date _____ Second Date _____ Third Date

Are you able to live in the unit? **Yes** **No**

Are any members of the household pregnant? **Yes** **No**

How many children under the age of six live in the unit? _____

Number of children in the household with an elevated blood lead level: _____

Briefly describe the complaint: (Example: Kitchen: leak under sink; Living room: broken outlet)

Briefly describe the landlord's response:

Office Use Only

Client HAP #	_____	# of Bedrooms in Unit	_____	Year of Construction	_____
Unit Inspected?	Yes	No	Inspector	_____	
Landlord's Response:					

