

Agency BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____ Year Built: _____

Address: _____ City: _____ Zip: _____ Phone Number: _____

Application Date: _____ Occupancy: Owner Renter Fuel Type: Nat. Gas Electric Propane Other _____ Building Type: Single Family Mobile Multi-Family

DEFERRAL ISSUES THAT WOULD NOT BE HELPED WITH WRF

- Building for Sale
- Refusal of ASHRAE 62.2
- Uncooperative Behavior
- Remodeling Work in Process
- Refused Installation of Wx Measures
- Health Issues
- Illegal Activity Concerns

DEFERRAL ISSUES THAT WOULD BE HELPED WITH WRF

Roof repair needed:

Age/Moisture Damage Pest Infestation Structurally Unsound for Weatherization
Other _____

Wall repair needed:

Mold/Moisture Damage Pest Infestation Structurally Unsound for Weatherization
Other _____

Ceiling repair needed:

Mold/Moisture Damage Pest Infestation Structurally Unsound for Weatherization
Other _____

Floor repair needed:

Mold/Moisture Damage Pest Infestation Structurally Unsound for Weatherization
Other _____

Foundation or subspace repair needed:

Mold/Moisture Damage Pest Infestation Structurally Unsound for Weatherization Sewage
Other _____

Exterior drainage repairs needed (e.g. gutters):

Mold/Moisture Damage Sewage
Other _____

Plumbing repair needed:

Mold/Moisture Damage Sewage
Other _____

Electrical repair needed:

Prohibits Effective Weatherization (e.g. K&T wiring) Safety Hazard
Other _____

Cleanup or limited remediation needed:

Mold/Moisture Damage Pest Infestation Sewage Issue Lead Paint
Suspected Asbestos Containing Materials Clutter/Hoarding Issues
Other _____

Other problems:

Detailed description of problems: _____

CLIENT ACKNOWLEDGEMENT

I/we have read (or had explained) the contents of this form and understand that: (1) the health and safety problems indicated above prevent the completion of Weatherization work at this time; (2) program limitations prevent the Weatherization Program from correcting the problem(s) and (3) if the problems/issues listed above are corrected within **60 days** from the date of this notification Weatherization work will resume on the property.

Sign Here  _____
Owner, Tenant Signature Date

Sign Here  _____
Landlord, Agent Signature Date

To report that the problems/issues have been corrected please contact:

Agency: _____ Phone: _____

Weatherization Representative: _____ Date: _____

INSTALLER COMPLETION STATEMENT

I certify that the work completed meets all state and local code requirements.

Agency or Company Name: _____

Sign Here  _____
Signature of Installer Date

AGENCY COMPLETION STATEMENT

I certify that the work completed meets all the requirements of the Nebraska Weatherization Assistance Program.

Agency or Company Name: _____

Sign Here  _____
Signature of Inspector Date

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