

LIHEAP Heating and Cooling Repair or Replacement Program

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ Phone Number: _____

Existing Heating/Cooling Equipment Information

Building Type: Frame Mobile
 Fuel Type: Nat. Gas Propane Electric Fuel Oil Other
 Heating System Type: Forced Air Gravity Boiler Vented Un-vented Wall Floor Heat Pump
 Cooling System Type: Central Air Window Heat Pump None A-Coil Sloped Coil
 Manufacturer: _____ Model#: _____ Serial Number: _____

Homeowner Certification Statements

I hereby certify that I am the owner and occupant of the above house, and that the property requires emergency furnace and/or air conditioner repair or replacement under the Nebraska Weatherization Assistance - LIHEAP Emergency Furnace/Air Conditioner Repair/Replacement Program.

I understand that I have no legal obligations to pay for the materials/equipment installed in my home and that no legally enforceable debt is hereby created.

I have been informed that my home is eligible for Weatherization services and of the benefits associated with Weatherization, and I hereby **DECLINE** to allow the Weatherization of my home.

_____ Initials _____ N/A

Sign Here

Owner Signature: _____ Date: _____

Checklist for Emergency Furnace/Air Conditioner Repair/Replacement Approvals

- | N/A | Yes | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Signed Emergency Furnace/AC Repair/Replacement Homeowner Certification Statement |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Proof of Ownership (Deed, Taxes, or Mortgage Stub) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Mobile Home Title |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of System "Red Tag" or HVAC Bid Indicating Emergency Replacement is Required |
| <input type="checkbox"/> | <input type="checkbox"/> | Agency Documentation Indicating Emergency Replacement is Required |
| <input type="checkbox"/> | <input type="checkbox"/> | Income Verification — Attach verification to BCJO <ul style="list-style-type: none"> <input type="checkbox"/> Most recent Social Security of SSI Letter <input type="checkbox"/> Last 3 Months of Pay Stub <input type="checkbox"/> Unemployment Compensation Letter <input type="checkbox"/> Copy of Your Federal Tax Return (Self-Employment Verification Only) <input type="checkbox"/> Verification of Any Other Monthly Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Benefits, Etc.) <input type="checkbox"/> Zero Income Verification Form (WX16) <input type="checkbox"/> Verification of receipt of Energy Assistance payments under the Low Income Home Energy Assistance Program of 1981 during the same program year that the LIHEAP-ERRA application assistance is received. |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional AC replacement documentation requirements for permanent resident(s) in the home (attach documentation to BCJO): <ul style="list-style-type: none"> <input type="checkbox"/> A child under six years of age who receives ADC, <input type="checkbox"/> A person 70 years of age or older, or, <input type="checkbox"/> Has a severe illness or condition which is aggravated by extreme heat as verified by a medical statement signed by a licensed healthcare provider. |

Sign Here

Weatherization Representative Signature

Date

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