



Refrigerator Appliance Agreement

FORM
WX23

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name:	Vendor Name:
Contact Name:	File Number:
Address:	Address:
City State: Zip:	City State: Zip:
Phone Number:	Phone Number:

The Nebraska Weatherization Assistance Program will provide you with a new refrigerator in exchange for a low efficiency refrigerator that is currently in use in your house. The refrigerator to be removed must meet certain requirements for energy consumption, and will be metered by the auditor prior to offering a new appliance. Your old refrigerator will be removed from your home and appropriately disposed of. The new refrigerator will be provided at no charge. You will be responsible for removing all food from your old refrigerator and transferring them to the new refrigerator.

The auditor is responsible for assuring the replacement refrigerator will fit into the space available and will be delivered with the door hinged on the proper side.

REFRIGERATOR INFORMATION

	Existing Refrigerator	Replacement Refrigerator
Brand:		
Model:		
Configuration:	<input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> No Freezer <input type="checkbox"/> Side-by-Side	<input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> No Freezer <input type="checkbox"/> Side-by-Side
Energy Use/Rating		
Fresh Food Volume (Cu. Ft.)		
Freezer Volume (Cu. Ft.)		
Total Volume (Cu. Ft.)		
Defrost	<input type="checkbox"/> Auto <input type="checkbox"/> Partial Auto <input type="checkbox"/> Manual	<input type="checkbox"/> Auto <input type="checkbox"/> Partial Auto <input type="checkbox"/> Manual
Color	<input type="checkbox"/> Tan/Almond <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Tan/Almond <input type="checkbox"/> White <input type="checkbox"/> Other
Height x Width x Depth		
Door Hinge	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
Ice Maker	<input type="checkbox"/> Inside Door <input type="checkbox"/> None	<input type="checkbox"/> Inside Door <input type="checkbox"/> None

SIGNATURE

- I accept the Weatherization Program's offer to replace and remove the above refrigerator.
- I refuse the Weatherization Program's offer to replace and remove the above refrigerator.

Sign Here Client Signature _____ Date _____

Sign Here Weatherization Representative Signature _____ Date _____

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.