

# LIHEAP Heating and Cooling Repair or Replacement Program

**FORM  
WX24**

Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐HFHO ☐NENCAP ☐NWCAP ☐SENCA

Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Existing Heating/Cooling Equipment Information

Building Type:	Fuel Type:	Heating System Type:	Cooling System Type:
<input type="checkbox"/> Frame	<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric	<input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity <input type="checkbox"/> Boiler <input type="checkbox"/> Vented	<input type="checkbox"/> Central Air <input type="checkbox"/> Window <input type="checkbox"/> Heat Pump
<input type="checkbox"/> Mobile	<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other	<input type="checkbox"/> Un-vented <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Heat Pump	<input type="checkbox"/> None <input type="checkbox"/> A-Coil <input type="checkbox"/> 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 <ul style="list-style-type: none"> <li>• Most recent Social Security of SSI Letter</li> <li>• Last 3 Months of Pay Stub</li> <li>• Unemployment Compensation Letter</li> <li>• Copy of Your Federal Tax Return (Self-Employment Verification Only)</li> <li>• Verification of Any Other Monthly Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Benefits, Etc.)</li> <li>• Zero Income Verification Form (WX16)</li> <li>• 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.</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional AC replacement documentation requirements for permanent resident(s) in the home: <ul style="list-style-type: none"> <li>• A child under six years of age who receives ADC,</li> <li>• A person 70 years of age or older, or,</li> <li>• Has a severe illness or condition which is aggravated by extreme heat as verified by a medical statement signed by a licensed healthcare provider.</li> </ul>  |

Sign  
Here

Weatherization Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

**Client Completion Comments**

Client satisfied with work completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor's attitude satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agency representative's attitude satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Household Member's Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures**

The work has been completed to my satisfaction. After signing this form, I understand no further work will be performed unless additional work is required by the Nebraska Department of Environment and Energy.

**Sign  
Here**

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

**Sign  
Here**

Final Inspector 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.