

Weatherization Waiver Request

Client Name: _____

Address: _____ For Sale (w/in 6 Months)/Foreclosure Yes No

Site ID #: _____ Previously Wxed Yes No

Owner Occupied: Yes No Ownership Verified Yes No

Contact Person in Assessor's Office: _____ Phone #: _____

Type of Dwelling: _____ Type of Fuel: _____
 Single Two Family Duplex Three Family Mobile Home

Heating System Replacement Boiler Furnace Other:

Hot Water Heater Replacement Gas Oil Electric

Above Ground Oil Tank Replacement Number of Gallons:

Est. Total Materials \$	Heating System	Notes:
Est. Total Labor \$	Heating System	
Est. Total Materials \$	DOE	
Est. Total Labor \$	DOE	
Est. Total Materials \$	Utility	
Est. Total Labor \$	Utility	
Est. Total Materials \$	Other:	
Est. Total Labor \$	Other:	

Work to be completed: _____

Reason for Replacement(s): _____

Supporting Documents Checklist (Please provide printouts for each of the following):

BWR	<input type="checkbox"/>	Contractor's Quote #1/Proposal	<input type="checkbox"/>
CTT/Burner Combustion Efficiency Report	<input type="checkbox"/>	Contractor's Quote #2/Proposal	<input type="checkbox"/>
*Heating System-Contractor Agreement	<input type="checkbox"/>	Photos of Current Heating System	<input type="checkbox"/>
Ownership Verification	<input type="checkbox"/>	Energy Star Verification	<input type="checkbox"/>

***NEW VENDORS ONLY (also include Contractor's License and Liability Insurance)**

Submitted By: _____

Weatherization Coordinator Signature

Agency

Date

This Request is: Approved Disapproved

Comments/Conditions: _____

_____, Project Manager
 Weatherization Assistance Program

 Date