

# Weatherization Deferral Notice

Agency  BVCAP  CAPLSC  CAPMN  CNCAP  HFHO  NENCAP  NWCAP  SENCA

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

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

## Deferral Issues That Would Not Be Helped With WRF

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


## 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
  - Sewage
  - 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: \_\_\_\_\_

## 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 \_\_\_\_\_

  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 requirements of state and local code requirements.

Agency or Company Name: \_\_\_\_\_

→ \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Installer

### Agency Completion Statement

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

Agency or Company Name: \_\_\_\_\_

→ \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Inspector

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