

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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