

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

HIP Reweathering Approval Form

Agency Name: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Date of Original Weatherization: ____/____/____

Was the original installation completed more than three years ago? Yes _____ No _____

Please note that if the installation was completed less than three years ago, unit does not qualify for re-weatherization. Rework is applicable and agency is not eligible for Program Support.

Original Weatherization Scope of Work:

Justification for Reweathering:

Proposed Scope of Work:

Please attach the following document(s):

____ Contractor's Bid

Agency signature: _____ Date: ____/____/____

For DCA use only:

Monitor Review and Signature: _____ Date: ____/____/____

WAP Supervisor Review: ____ Denied ____ Approved

Signature: _____ Date: ____/____/____