

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

Agency Reimbursement for Health & Safety Deferral Units

WAP Agency Name: _____ Job Number: _____

Client Name: _____

Client Address: _____

Phone Number: _____

_____ Deferral

_____ Walk Away

Reason for deferral:

Funding Source: _____

Program Year: _____

Agency Weatherization Manager Signature:

_____ Date: ___/___/_____

DCA use only:

Monitor Review: _____ ***Date:*** ___/___/_____

Approval: _____

Denied: _____

Comment:

