

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

**REFRIGERATOR REPLACEMENT FORM
TERMS AGREEMENT**

WAP Agency Name: _____ **Date:** _____

Client Name: _____

Address: _____

I understand that once the refrigerator is delivered and installed, all inquiries and questions should be referred to _____ at () _____.

I acknowledge that I have received all the information regarding the warranty documentation.

Make: _____ **Model:** _____

Color: White _____ **Size:** 14cf. _____
Black _____ 15cf. _____
Beige _____ 18cf. _____
21cf. _____

Refrigerator Education Information

- ✓ *PRE-Cool Hot Foods*
- ✓ *Limit Door Opening*
- ✓ *Cover Foods and Liquids to Lower Humidity*
- ✓ *Keep Gaskets and Coils Clean*
- ✓ *Allow Circulation Around Unit*
- ✓ *Keep Manufacturer's Warranty and Refrigerator Instruction Manual in a safe place.*
- ✓ *Temperature Control Settings:*
 - *Fresh Food: 36-40 degrees*
 - *Freezer: 5-15 degrees*

WAP Agency Representative

Recipient