

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

Heating System & Hot Water Heater Improvement Program Checklist

1. Agency Name _____
2. Date Service Requested _____
3. Does client have Heat? _____
4. Gas/Electric operable? _____
5. Oil in Tank? _____
6. Client Name _____ Job # _____
 - a. How many eligible units share this common heater? _____
 - b. Fuel Type: (Oil) (Gas) (Kerosene) (Propane) (Electric)
 - c. Type of system: (Warm Air) (Hot Water) (Steam) (Baseboard)
 - d. Hot Water Tank: (Oil) (Gas) (Electric) (Propane)

7. Condition of Existing Unit:

Note: Any defects listed in this section must be supported by the heater survey, including test results when the heater is operable. The **agency heater specialist** is responsible for verifying all defects reported by contractors.

Contractor _____ Evaluation Date _____

Agency Heater Specialist _____ Evaluation Date _____

8. Estimates:

a. Contractor Names Material Labor Total Cost

1. _____

2. _____

3. _____

4. _____

b. Selected Contractor with lowest bid/estimate? Yes _____ No _____

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

c. If selected contractor is not the one who submitted the lowest estimate, state reason for rejection.

9. Selected Heating System: (AHRI Certified)

- a. Manufacturer _____
- b. Trade/Model Name _____ Model # _____
- c. BTU (Input) _____ Heating Capacity (BTU output) _____
- d. AFUE _____ SSE _____
- e. Disconnect & Remove: (Heating Unit) (Fuel Tank) (H/W/H Tank)
(Yes) (No) If no, state the reason: _____

10. Selected Hot Water Tank: (AHRI Certified)

- Fuel Type _____
- Manufacturer _____ Trade Name _____
- Model # _____ Tank Size _____
- First HR Rating Gallons _____ Energy Factor _____

11. Additional Parts: _____ Replacement _____ Repair _____

Note: Do not list parts that are included in the standard replacement heating system package in this section.

- Gas Piping Lft. _____ Water Lines Lft. _____ Oil Lines Lft. _____
- Duct Lft. _____ Radiators Lft. _____ Baseboard Lft. _____
- Oil Tank _____ Size _____
- Electrical Specify: _____
- Other Specify: _____

12. Final Inspection Data:

- Date Work was approved _____
- Date Work was completed _____
- Date Work was final inspected by the agency _____