

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

Approval Form to Exceed Maximum Allowable Cost Per Unit

☐ Regular WAP

☐ Health & Safety

Agency Name: _____ Grant to Be Charged: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Date of Weatherization: ____/____/____

Proposed Scope of Work: _____

Total Cost: \$_____ Regular WAP: \$_____ Health & Safety: \$_____

Justification to Exceed Cost: _____

Regular WAP: Threshold: ☐ \$6,905-\$7,500

☐ \$7,501 and over

Health & Safety: Threshold: ☐ \$750-\$1,500

☐ \$1,501 and over

Please attach the following document(s):

☐ Copy of Contractor Bids

☐ Energy Audit with Library (if applicable)

DCA USE ONLY:

Monitor Signature: _____ ☐ Approved ☐ Denied

Monitor Inspection Date: _____

WAP Supervisor Signature: _____ ☐ Approved ☐ Denied

Date: _____