

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

**File Content and Compliance Check List**

**Client Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Client ID #:** \_\_\_\_\_  
**Grant:**            **DOE** \_\_\_\_\_            **LIHEAP** \_\_\_\_\_            **HIP** \_\_\_\_\_

**Project Description:**  
**Construction Year** \_\_\_\_\_ **Type: Single** \_\_\_\_\_ **Multi-Family** \_\_\_\_\_ **Mobile Home** \_\_\_\_\_  
**If Multi-Family, # of Units** \_\_\_\_\_ **# of Eligible Units** \_\_\_\_\_  
**Re-Weatherization Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**Has this unit been deferred? Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
**If yes, state the reason for the deferment** \_\_\_\_\_

1	<b>INTAKE SECTION</b>	<b>DATE</b>	<b>INITIALS</b>
	Signed and Completed Application	_____	_____
	Income Eligibility Documents and Net Rental Income Form (if applicable)	_____	_____
	Copy of Social Security Card	_____	_____
	Proof of Ownership	_____	_____
	Utility Bill & 2 Yrs. Client Energy Consumption Usage Data	_____	_____
	Owner's Permission to Weatherize, Client Sign Off and Agency Final	_____	_____
	Renovate Right Pamphlet Receipt or Lead Free Certificate	_____	_____
	Health & Safety Client Intake Survey	_____	_____
	Affidavit of vacant Unit(s) - rented within 180 days (For Multi-Family Only)	_____	_____
	Landlord/Tenant Agreement (if applicable)	_____	_____
	Landlord Contribution Agreement if 1-4 units in building (if applicable)	_____	_____
	Multi-Family Bldg. Improvement Program Escrow Agreement (Contractor)	_____	_____
	Multi-Family Bldg. Improvement Program Escrow Agreement (Agency Crew)	_____	_____
	Waiver from LLC (if applicable)	_____	_____
	If applicable, SHPO documentation	_____	_____
	Proof of No Tax Lien (if applicable)	_____	_____
2	<b>AUDIT/FIELD PAPERWORK</b>	<b>DATE</b>	<b>INITIALS</b>
	Copy of HESWAP install list, with comments	_____	_____
	Energy Audit (NEAT, MHEA or EA-QUIP) with input & recommendation	_____	_____
	Data Collection / Health and Safety Assessment/ Educational Material Notification	_____	_____
	Refrigerator Order Form & Form With Delivery Confirmation	_____	_____
	Refrigerator Replacement & Education Forms	_____	_____
	Copies of Invoices or Inventory Form	_____	_____
	Pre & Post - Pictures for replacements of windows, doors and refrigerators	_____	_____
	Certificate of Insulation Installation with pre and post pictures	_____	_____
	Photographs, if deemed necessary	_____	_____
	Bid Documents (if applicable)	_____	_____
	Documents for incidental repair - costs, proposals, etc.	_____	_____
	If applicable, OLIEC Supervisor app:	_____	_____
	Heswap Agency Final Inspection Form	_____	_____
	Copy of Signed Monitor's Inspection Form	_____	_____
	Heating System & Hot Water Heater Improvement Program Survey	_____	_____

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<b>3</b>	<b>HEATING SYSTEM IMPROVEMENT SERVICES</b>	<b>DATE</b>	<b>INITIALS</b>
	Heating System Improvement Checklist	_____	_____
	Bid Request Letters	_____	_____
	Bid Proposals Received	_____	_____
	Contractor's Order to Proceed	_____	_____
	Permits	_____	_____
	AHRI Certification	_____	_____
	Post Installer's Report & Print Out	_____	_____
	Installer Certification with Test Results	_____	_____
	Pre & Post - Pictures of Heating Work	_____	_____
	Picture of "Red Tag"	_____	_____
	OLIEC approval (if applicable)	_____	_____

<b>4</b>	<b>HEALTH AND SAFETY</b>	<b>DATE</b>	<b>INITIALS</b>
	Appliance / Heating System Evaluation Form	_____	_____
	Determination of Lead Safe Weatherization (LSW) with Test Results)	_____	_____
	Check list for Performing RRP with pre/post pictures	_____	_____
	Lead, Mold, Radon, Asbestos Assessment Determination	_____	_____
	Auditor / Inspector Check List (ASHRAE 62.2) and Calculation Sheet	_____	_____
	Client Deferral Notification Form	_____	_____
	Radon Testing Waiver Form	_____	_____
	Any Other Hazardous Notifications (Please specify)	_____	_____
	Photographs (if applicable)	_____	_____

<b>5</b>	<b>ADDITIONAL DOCUMENTS REQUIRED IN SPECIFIC CASES</b>	<b>DATE</b>	<b>INITIALS</b>
	OLIEC Approval for Re-Weatherization and Documentation of Prior Work	_____	_____
	If applicable, OLIEC Supervisor and/or Monitor approval for over expenditure	_____	_____
	Group Home / Shelter Dwelling Application & Operating License	_____	_____
	Services for "Connected Applicant"	_____	_____

**I hereby certify that all documents listed above are located within the client file.**

**Weatherization**

**Manager**

**Certification** \_\_\_\_\_ **Date** \_\_\_\_\_

<u>Point System</u>			
Income (200%):	_____	Disabled:	_____
Children (0-6):	_____	Term. Disabled:	_____
Elderly:	_____	Total Points:	_____

<b>For DCA Use Only:</b>			
<b>Monitor's Initials:</b>	_____	<b>File Reviewed Date:</b>	_____
<b>Unit Inspected:</b>	YES _____ NO _____	<b>Inspection Date:</b>	_____
<b>Grant:</b>	DOE _____	LIHEAP _____	HIP _____
<b>Comments:</b>			