

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

Reweatherization Approval Form

Agency Name: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Date of Original Weatherization: ____/____/____

Original Weatherization Scope of Work:

Justification for Reweatherization:

Proposed Scope of Work:

Please attach the following document(s):

- ___ Copy of the insurance company's claim denial
- ___ Notarized statement of no insurance from client (if applicable)
- ___ FEMA approval/denial letter (if applicable)

Agency signature: _____ Date: ____/____/____

For DCA use only:

Monitor Review: _____ Date: ____/____/____

WAP Supervisor Review: ___ Denied ___ Approved

Signature: _____ Date: ____/____/____