

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

Approval Form to Exceed Maximum Allowable Cost Per Unit

Agency Name: _____ Grant: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Date of Weatherization: ___/___/_____ Total Cost: \$ _____

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

HIP: \$ _____ HIP Health & Safety: \$ _____

Proposed Scope of Work & Justification to Exceed Cost:

State Monitor

OLIEC

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular WAP | <input type="checkbox"/> ACPU \$ _____ | <input type="checkbox"/> \$7,501 and over |
| <input type="checkbox"/> Health & Safety: | <input type="checkbox"/> \$1,050-\$1,500 | <input type="checkbox"/> \$1,501 and over |
| <input type="checkbox"/> HIP | <input type="checkbox"/> ACPU \$ _____ | <input type="checkbox"/> \$7,501 and over |
| <input type="checkbox"/> HIP Health & Safety | <input type="checkbox"/> \$1,500-\$2,000 | <input type="checkbox"/> \$2,001 and over |

Please attach the following document(s):

- Copy of Contractor Bids Energy Audit with Library (if applicable)

*ACPU- Average Cost Per Unit, please refer to your grant agreement for the respective program year

DCA USE ONLY:

Monitor Signature: _____ Approved Denied

Monitor Inspection Date: _____

OLIEC Supervisor Signature: _____ Approved Denied

Date: _____