

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

File Content and Compliance Check List

Client Name: _____
Address: _____
City: _____
Client ID #: _____ Please check here if dual funding unit _____
Grant: **DOE** _____ **LIHEAP** _____ **HIP** _____

Project Description:
Construction Year _____ **Type: Single** _____ **Multi-Family** _____ **Mobile Home** _____
Is this a Historic Property? Yes _____ **No** _____ **Date Verified on SHOP website:** _____
Re-Weatherization Yes _____ **No** _____
Has this unit been deferred? Yes _____ **No** _____
If yes, state the reason for the deferment _____
If Multi- Family, # of Units _____ **# of Eligible Units** _____

1	INTAKE SECTION	DATE	INITIALS
	Signed and Completed Application	_____	_____
	Income Eligibility Documents and Net Rental Income Calculation Sheet (if applicable)	_____	_____
	Copy of Social Security Card for all members of household	_____	_____
	Proof of Ownership	_____	_____
	Utility Bill & 1 Yr. 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	_____	_____
	Landlord/Tenant Agreement Multi Family (5 units or more) 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 for LLC (if applicable)	_____	_____
	SHPO documentation, SHPO approval or screen shot of website noting not historic	_____	_____
	Proof of No Tax Lien (if applicable)	_____	_____

2	AUDIT/FIELD PAPERWORK	DATE	INITIALS
	Copy of HESWAP install list, with comments	_____	_____
	Energy Audit (NEAT, MHEA or EA-QUIP) with input & recommendation	_____	_____
	Data Collection for MHEA, NEAT or EA-QUIP	_____	_____
	Legible Color Photographs of All Exterior Walls and Diagnostic Testing Measurements (including refrigerator line logger readings).	_____	_____
	Legible Color Photographs of Any Part of the Home to be addressed in Work-scope	_____	_____
	Refrigerator Order Form & Form With Delivery Confirmation	_____	_____
	Refrigerator Replacement Education Form	_____	_____
	Copies of Invoices or Inventory Form	_____	_____
	Certificate of Insulation Form with Prep Air-sealing Pictures & location (s):	_____	_____
	_____	_____	_____
	Legible Color Photographs of All Final Installations on Work-scope	_____	_____
	Bid Documents (if applicable)	_____	_____
	Documents for incidental repair - costs, proposals, etc.	_____	_____

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Heswap Agency Final Inspection Form & QCI Inspection form (for DOE Units) _____

Copy of Signed Monitor's QCA Inspection Form (if applicable) _____

3	HEATING SYSTEM IMPROVEMENT SERVICES	DATE	INITIALS
	Heating System & Hot Water Heater Improvement Report Survey	_____	_____
	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"	_____	_____

4	HEALTH AND SAFETY	DATE	INITIALS
	Educational Material Notification/Health and Safety Assessment	_____	_____
	Legible Color Photographs of Health & Safety Issues and Post Repairs	_____	_____
	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	_____	_____
	RED ASHRAE 62.2 2016 Target/Post Calculation	_____	_____
	Radon Testing Waiver Form	_____	_____
	Radon Consent Form	_____	_____
	Hazard Identification Notification Form	_____	_____
	Health and Safety Client Deferral Notice and Request Forms	_____	_____

5	ADDITIONAL DOCUMENTS REQUIRED IN SPECIFIC CASES	DATE	INITIALS
	If applicable, OLIEC Supervisor and/or Monitor Approvals	_____	_____
	Group Home / Shelter Dwelling Application & Operating License	_____	_____
	Services for "Connected Applicant" Documentation	_____	_____
	WRF Documents - Bid Requests, Proposals, Order to Proceed, Pictures, etc.	_____	_____

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

Weatherization

Manager

Certification: _____ **Date** _____

<u>Point System</u>			
Disabled:	up to 2 pts	_____	
Children (0-6):	1 pt.	_____	Term. Disabled: 3 pts _____
Elderly:	up to 2pts	_____	Total Points: _____

For DCA Use Only:	
Monitor's Initials: _____	File Reviewed Date: _____
Unit Inspected: YES _____ NO _____	Inspection Date: _____
Grant: DOE _____ LIHEAP _____	HIP _____
Checklist Review: _____	WRF Approval: _____ Date: _____
Comments:	