

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

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**Reweathering Approval Form**

Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ File ID: \_\_\_\_\_

Address: \_\_\_\_\_ Year Built: \_\_\_\_\_

Date of Original Weatherization: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Original Weatherization Scope of Work:**

**Justification for Reweathering:**

**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 and Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WAP Supervisor Review:      \_\_\_ Denied      \_\_\_ Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_