

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

Health and Safety Deferral Notice

Client Name: _____

File ID: _____

Address: _____

Job# _____

Date of Assessment: _____ (Notice must be provided to client within 7 days of audit)

The following observed condition(s) represent all identified reasons for deferral of weatherization (Wx) work on your home under the New Jersey Weatherization Assistance Program (NJ WAP). NJ WAP work cannot continue until the condition is corrected as described below (see Home Health & Safety Assessment for full list of observed health and safety conditions):

Description of Condition	Correction Required for Wx	Potential Referral Assistance

The NJ WAP cannot repair these items with WAP program funds or return to the home until all the above conditions are resolved. Corrections must be performed in a professional manner and meet local code requirements, and may require completion by a licensed professional prior to NJ WAP continuing work in your home. Please inform us when the corrections are complete and we will send program staff to your home to perform an assessment. Program eligibility will need to be reestablished if it takes longer than _____ to complete the corrections.

I hereby understand and have been informed of my rights and options.

Client's Printed Name: _____

Client's Signature: _____ **Date:** _____

If you feel this determination is in error, you may appeal within ten (10) business days to the agency Director, providing an explanation and support documentation for why weatherization should continue in your home.