

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

Reweatherization Approval Form

Agency Name: _____

Client Name: _____ File ID: _____

Address: _____ Year Built: _____

Grant Reweatherizaion work will be charged to: _____

Type of Reweatherization (please check one): Shell _____ HIP _____

Date of Original Weatherization: ____/____/____ (If less than 15 years, then re-weatherization not allowed.)

For rework on a HIP unit please refer to Chapter 7, Section 3.11.

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 (if applicable)
- ____ Notarized statement of no insurance from client (if applicable)
- ____ FEMA approval/denial letter (if applicable)
- ____ Copy of Contractor's Bid

Agency signature: _____ Date: ____/____/____

For DCA use only:

Monitor Review and Signature: _____ Date: ____/____/____

WAP Supervisor Review: ____ Denied ____ Approved

Signature: _____ Date: ____/____/____