

**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	<b>HEATING SYSTEM IMPROVEMENT SERVICES</b>	<b>DATE</b>	<b>INITIALS</b>
	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	<b>HEALTH AND SAFETY</b>	<b>DATE</b>	<b>INITIALS</b>
	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	<b>ADDITIONAL DOCUMENTS REQUIRED IN SPECIFIC CASES</b>	<b>DATE</b>	<b>INITIALS</b>
	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><b>Point System</b></u>	
Disabled: up to 2 pts _____	
Children (0-6): 1 pt. _____	Term. Disabled: 3 pts _____
Elderly: up to 2pts _____	<b>Total Points:</b> _____

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