

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

HIP Reweatherization Approval Form

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

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

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

Grant Agreement # Reweatherizaion work will be charged to: \_\_\_\_\_

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

HWH - Was the original installation completed more than three years ago? Yes \_\_\_\_\_ No \_\_\_\_\_

Heating –Was the original installation completed more than five years ago? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the Manufactures' Warranty Expire? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note that if the installation was completed less than three years ago, unit does not qualify for re-weatherization. Rework is applicable and agency is not eligible for Program Support.

Original Weatherization Scope of Work:

Justification for Reweatherization:

Proposed Scope of Work:

Please attach the following document(s):

\_\_\_ Contractor's Bid

\_\_\_ Proof of expiration of Manufactures' Warranty

<p>Agency signature: _____ Date: ____/____/____ For DCA use only:</p> <p>Monitor Review and Signature: _____</p> <p>Date: ____/____/____</p> <p>WAP Supervisor Review:            ___ Denied            ___ Approved</p> <p>Signature: _____ Date: ____/____/____</p>
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