

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

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**Program Support Deferral Request Form**

WAP Agency Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Program Year: \_\_\_\_\_

Type of Deferral: \_\_\_\_\_ Shell \_\_\_\_\_ HIP

\_\_\_\_\_ Shell Health & Safety \_\_\_\_\_ HIP Health and Safety

Material Costs: \_\_\_\_\_ + \$250.00 Deferral Fee = Total \_\_\_\_\_

Reason for deferral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Agency Weatherization Manager Signature:*

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

*DCA use only:*

*Monitor Review:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/\_\_\_\_\_

*Approval:* \_\_\_\_\_ *Denied:* \_\_\_\_\_

*HESWAP Adjustment Made by:* \_\_\_\_\_ *Date:* \_\_\_/\_\_\_/\_\_\_\_\_

*Comment(s):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_