

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

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):

