

**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 / Health and Safety Assessment/ Educational Material Notification	_____	_____
	Refrigerator Order Form & Form With Delivery Confirmation	_____	_____
	Refrigerator Replacement & Education Forms	_____	_____
	Copies of Invoices or Inventory Form	_____	_____
	Pre & Post - Pictures for replacements of windows, doors and refrigerators	_____	_____
	Certificate of insurance form with pre and post pictures & location (e)	_____	_____
	Photographs, if deemed necessary	_____	_____
	Bid Documents (if applicable)	_____	_____
	Documents for incidental repair - costs, proposals, etc.	_____	_____
	Heswap Agency Final Inspection Form & QCI Inspection form (for DOE Units)	_____	_____
	Copy of Signed Monitor's QCA Inspection Form	_____	_____
	Heating System & Hot Water Heater Improvement Report Survey	_____	_____
3	HEATING SYSTEM IMPROVEMENT SERVICES	DATE	INITIALS
	Heating System Improvement Checklist	_____	_____

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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"	_____

<b>4</b>	<b>HEALTH AND SAFETY</b>	<b>DATE</b>	<b>INITIALS</b>
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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	_____
Auditor / Inspector Check List (ASHRAE 62.2) and Calculation Sheet	_____
Health and Safety Client Deferral Notice and Request Forms	_____
Radon Testing Waiver Form	_____
Radon Consent Form	_____
Any Other Hazardous Notifications (Please specify)	_____
Photographs (if applicable)	_____

<b>5</b>	<b>ADDITIONAL DOCUMENTS REQUIRED IN SPECIFIC CASES</b>	<b>DATE</b>	<b>INITIALS</b>
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OLIEC Approval for Re-Weatherization and Documentation of Prior Work	_____
If applicable, OLIEC Supervisor and/or Monitor approval for over expenditure	_____
Group Home / Shelter Dwelling Application & Operating License	_____
Services for "Connected Applicant" Documentation	_____

**I hereby certify that all required documents listed above are located within the client file.**

**Weatherization  
 Manager  
 Certification** \_\_\_\_\_

**Date** \_\_\_\_\_

<u>Point System</u>			
Disabled: up to 2 pts	_____	Term. Disabled: 3 pts	_____
Children (0-6): 1 pt.	_____	<b>Total Points:</b>	_____
Elderly: up to 2pts	_____		

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