

# WAP Draw Review Guide

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## Job Status Definitions

### Completed Jobs

- Dwellings that have received regular weatherization and health and safety services and have been inspected by a certified DNE/Energy Auditor or QCI. Refer to WX Program Manual.

### Walk Away Jobs

- Also known as a Deferral. Occur when agencies encounter problems at the unit that are beyond the scope of the WAP. These units have been inspected by a qualified person who has determined that conditions are present which prohibit rendering service. The need for Deferral is agency driven. Refer to WX Program Manual.

### Cancelled Jobs

- Also known as a Deferral but with different standards than a Walk Away. The need for this type of deferral is client driven and usually applies after work has begun at the unit. Examples of a Cancelled Job would be: client denies reentry; client denies ECM; client puts house on the market; etc.

### In-Progress Jobs

- Dwellings that have received, at minimum, an initial inspection but are not yet to the Completed job standards.



*Weatherization  
Works*

## Form Requirements: What is Financial Management Reviewing?

**Disclaimer:** All applicable fields pertaining to a specific job are required to be completed on the WX-710 and will be confirmed during a technical and/or compliance monitoring. Specifically from a programmatic/administrative standpoint, the following pieces are thoroughly reviewed by Financial Management.

### WX-710 Completed Dwelling Report (REV 3/2016)

1. **\*Job Number**
  - Does this number match the Section 106, if applicable
  - Does this number match the WX-910, if applicable
2. **\*Property Address and Phone Number**
  - Does the address match the Section 106, if applicable
  - Does the address match the WX-910, if applicable
3. **\*People, Elderly, Disabled, Children <3, Children 3-5, Children 6-17**
4. **\*Owner/Renter**
5. **\*Building Type**
  - Does this selection match Section 106 (Section 2)(Question 1), if applicable
6. **\*Income/Poverty Level**
7. **\*High Energy User & High Energy Burdened**
  - Notice the “&”... the calculations are the same for HEU and HEB, if it’s one, it’s BOTH
8. **\*Fuel and Usage, Primary Fuel Source**
9. **Section 1 - Heating Unit Efficiency: Before and After SSE%**
  - Reading Required if the Primary Fuel Source is Propane, Oil or Gas
10. **Section 2 - Blower Door CFM Rates: DNE Test, RMV CFM, Target CMF Rate and Post Inspection Test**

- Does your CFM Target follow the DNE Test reading:

DNE Test	CFM Target	DNE Test	CFM Target
8000-8500	4200	4500-4999	2800
7500-7999	4000	4000-4499	2600
7000-7499	3800	3500-3999	2400
6500-6999	3600	3000-3499	2200
6000-6499	3400	2500-2999	2000
5500-5999	3200	2000-2499	1800
5000-5499	3000	1500-1999	1600

11. Section 8 – Mechanical Vent (H&S Only)
  - Passing Installation Required for all RMV CFM readings over 15
12. Section 11 – Date and Inspector’s Initials
  - 1<sup>st</sup> Inspection: DNE or Final Inspection: 1<sup>st</sup> and 2<sup>nd</sup> Post Inspection; NOT H&S Inspection  
Any H&S or ECM between Sections 1-10 that Fail 1<sup>st</sup> Inspection, require 2<sup>nd</sup> for Pass.
  - 2<sup>nd</sup> Inspection: DNE or Final Inspection: 1<sup>st</sup> and 2<sup>nd</sup> Post Inspection; NOT H&S Inspection
13. \*Section 12 – Service Costs
  - Both Funding Sources and Activities should reconcile back to KY Green and include all previous billing.
  - Exception: Completed jobs that were previous Deferrals, those expenses were captured on a separate WX-710.
  - Did you Total your Labor and Materials?
14. \*Section 13 – DSM And Donated Costs
  - Did you Total your Labor and Materials?
15. \*Section 14 – Comments
  - Required for Deferral units and is a brief narrative that explains why unit is deferred
16. Section 15 – Owner’s Acknowledgement
  - If unit is Owner occupied, don’t forget their Signature and Date
  - If unit is Renter occupied, don’t forget to obtain both Owner and Renters Signatures and Dates
17. Section 16 – Inspector’s Certification
  - Inspector’s Signature, Date and Printed Name
  - CAA/Contracting Agency: If you are crew based, enter CAA name; if you are contractor, enter what Contracting Company you work for.
  - QCI is required for any Job with a minimum of \$1.00 DOE funds.

**QUALITY CONTROL CHECK: DO THESE \* ITEMS MATCH DATA ENTRY IN KY GREEN?**

## Section 106 Project Review Form (REV 3/2016)

Form is required to be completed for all jobs at initial inspection. Although Form may not be required for submission during draw review (see supporting documentation requirements based on job status section), Form is required to be maintained in client file.

1. Section 1: Contact Information
  - \*Job Number
  - \*Property Address
    - i. Does the address match the WX-710
    - ii. Does the address match the WX-910, if applicable
2. Section 2: Property Information
  - \*Question 1: Required
  - Questions 2 & 3: Required ONLY if Question 1 is a “NO”
3. Section 3: Project Description
  - Required if Section 2, either Questions 2 & 3 were “YES”
4. Section 4: Determination
  - Date should be date of initial inspection

**QUALITY CONTROL CHECK: DO THESE \* ITEMS MATCH DATA ENTRY IN KY GREEN?**

## WX-910 Request to Exceed (REV 6/22/2009)

Form is required to be completed POST initial inspection but PRIOR to commencement of additional work being performed on dwelling IF, 1) Total (DOE OR LIHEAP) Regular Wx (Materials and Labor) costs exceeds the Average WX (PY18 \$7,212.00 [Averages changes annually per DOE WPN]) cost and/or 2) the Total (DOE OR LIHEAP) H&S (Materials & Labor) exceed \$2,500.00.

1. \*Job Number
2. \*Applicant’s Address
  - Does the address match the WX-710
  - Does the address match the Section 106
3. Labor and Materials Costs
  - Total Costs at Job Completion must be within 10% of what was submitted for Approval on the WX-910
4. Cabinet WX Approval
  - KHC Monitor approval required

**QUALITY CONTROL CHECK: DO THESE \* ITEMS MATCH DATA ENTRY IN KY GREEN?**

## Supporting Documentation Requirements Based on Job Status

**Disclaimer:** Agencies are required to use the most recent document version provided on <http://www.kyhousing.org> or HCA Help Desk.

### Completed Jobs

1. WX-710 Completed Dwelling Report (REV 3/2016)
  - a. Can bill incurred Regular WX Labor and Materials and H&S Labor and Materials expenses
2. Section 106 Project Review Form (REV 3/2016)
3. WX-910 Request to Exceed (REV 6/22/20019), if applicable

### Completed Jobs that were previous Deferrals

1. WX-710 Completed Dwelling Report (REV 3/2016)
  - a. Can bill incurred Regular WX Labor and Materials and H&S Labor and Materials expenses incurred AFTER unit reported as Deferral
2. WX-710 Completed Dwelling Report from month of Deferral
3. Section 106 Project Review Form (REV 3/2016)
4. WX-910 Request to Exceed (REV 6/22/20019), if applicable

### Completed Jobs that require Service Cost Adjustments

1. Service Costs Adjustments can only be done in the quarter the job was recorded as Complete
2. WX-710 Completed Dwelling Report (REV 3/2016) from month of Completion
3. WX-710 Completed Dwelling Report from current month showing adjusted Service Costs

### Walk Away Jobs

1. WX-710 Completed Dwelling Report (REV 3/2016)
  - o Can bill incurred Regular WX Labor and H&S Labor expenses only; NO Materials

### Cancelled Jobs

1. WX-710 Completed Dwelling Report (REV 3/2016)
  - o Can bill incurred Regular WX Labor and Materials and H&S Labor and Materials expenses

### In-Progress Jobs

1. No Supporting Documentation Required
  - o Can bill incurred Regular WX Labor and Materials and H&S Labor and Materials expenses

### Draw Supporting Documentation Order

1. DOE 702, signed by Signatory Authority
2. LIHEAP 702, signed by Signatory Authority
3. WX-710 for Job 1
4. Section 106 for Job 1
5. WX-910 for Job 1
6. Repeat Steps 3-5 for each additional Job Number adding only the applicable documentation that is required for that Job Status.

## KY Green System Permissions & E-Mail Distribution Lists

A KY Green Update Form can be located on the HCA Help Desk ([www.kyhousing.org](http://www.kyhousing.org), under Specialized Housing tab scroll to the bottom and select Housing Contract Administration Help Desk), under the



Weatherization/LIHEAP header. This form allows you to assign staff system permissions to KY Green. If you are not a KY Green User, Administrator or Executive Director, you will not be added to the e-mail distribution lists as KY Green communicates directly from these permission assignments.

If there has been staff turnover, you will need to deactivate users and/or add new users/administrators via the KY Green Update Form in addition to updating your Authorized Signature Form, if affected. The Authorized Signature Form is located on the HCA Help Desk under Program Funding Draw Management, HCA Authorized Signature Form and will need to be returned to [Wxinvoice@kyhousing.org](mailto:Wxinvoice@kyhousing.org).

### Who do I contact?

If you are unsure of who to contact in Kentucky Housing Corporation's Housing Contract Administration department, start at the Help Desk! You may Submit a Request via the HCA Help Desk or call toll-free 800-633-8896 or (502) 564-7630, extension 446. Or, if you have specific questions pertaining to draws and budget modifications, contact Financial Management toll-free at 800-633-8896 or (502) 564-7630, extension 490 or 416 or email [Wxinvoice@kyhousing.org](mailto:Wxinvoice@kyhousing.org).

**we can  
help**

**WX-710 Completed Dwelling Report (REV 3/2016)**

Job #: \_\_\_\_\_  
 CAA Agency Name: \_\_\_\_\_  
 Month: \_\_\_\_\_ County #: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Beginning Unit Status:  New  Re. Wx  Deferral

Property Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

People: \_\_\_\_\_ Elderly: \_\_\_\_\_ Disabled: \_\_\_\_\_  
 Children: <3 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-17 \_\_\_\_\_  
 Owner  Renter Building Type:  SF  MF  MH

Annual Household Income: \$ \_\_\_\_\_  
 Income/Poverty Level:  0-74%  75-100%  101-125%  
 126-150%  151-200%

Unit Size: Sq. Ft. Living Area \_\_\_\_\_ Cu. Ft. Living Area \_\_\_\_\_  
 Stories:  1  1.5  2  2+

High Energy User & High Energy Burdened –  
 Energy Cost/Annual Income is 15% or Greater?  Yes  No

Foundation Types:  
 Crawlspace  Enclosed  Open  
 Basement  Conditioned  Unconditioned  
 Slab

Fuel and Usage:  
 Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Fuel Source: C W P O G E System: US VS F

Annual Units	Annual Cost	Total Cost
		\$
		\$
Kwhs	Kwhs	\$

**1) H&S OR ECM**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Combustible Gas	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Water Heater Repair/Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Venting	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Combustible Surface	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Other Appliance Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Heating Unit Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Heating Unit Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Smoke/CO Detector	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Duct Replace/Install	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Heating Unit Efficiency			
Before SSE _____ %	After SSE _____ %		

**2) AIR INFILTRATION**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Patch Envelope	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Attic By-Passes	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Door Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Window Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Duct Tightening	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Air Sealing Materials	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Blower Door CFM Rates	
DNE Test	ASHRAE
RMV CFM	
Target CFM Rates	Required Mechanic Vent
Post Inspection Test	

**3) DUCT INSULATION**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Duct Insulation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

**4) BASE-LOAD**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Base Load Measures	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

**5) ATTIC/CEILINGS**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Blocking-Heat Producing	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Blocking-Ventilation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Ceiling Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
R-Value	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Attic Ventilation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Roof Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Access Way	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Attic/Ceiling Insulation	
Before-Sq. Ft. _____ R _____ / _____ %	
After-Sq. Ft. _____ R _____ / _____ %	

**6) WALLS**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Wall Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Installation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
R-Value	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

**Wall Insulation**

Ceiling Height _____ sq. ft. Net Wall Area _____ sq. ft.
Before-Sq. Ft. _____ R _____ / _____ %
After-Sq. Ft. _____ R _____ / _____ %
Type of Insulation _____

**7) FLOOR/FOUNDATIONS**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
R-Value	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Floor Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Ground Cover	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Pipe Insulation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Skirting	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Foundation Ventilation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

**Floor Insulation**

Before-Sq. Ft. _____ R _____ / _____ %
After-Sq. Ft. _____ R _____ / _____ %

**8) GENERAL REPAIRS**

Measures	Inspection		Def-No/ Man. Ref
	1st	2nd	
Door Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Window Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Mechanical Vent (H&S Only)	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Wiring (non-incident)	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Plumbing (non-incident)	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

**General Repair CFM Rates**

Before Repairs _____ CFM	After Repairs _____ CFM
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**9) COMBUSTION APPLIANCE ZONE (CAZ) TEST**

Pass  No Atmospheric Draft Appliances

**10) REFRIGERATOR REPLACEMENT**

Yes  No

**11) INSPECTIONS**

	Date	Inspector's Initials
1st Inspection		
2nd Inspection		

**12) SERVICE COSTS**

	LABOR	MATERIAL	TOTAL
DOE Reg WX	_____ + _____	_____ + _____	_____ = _____
DOE H&S	_____ + _____	_____ + _____	_____ = _____
LIHEAP Reg WX	_____ + _____	_____ + _____	_____ = _____
LIHEAP H&S	_____ + _____	_____ + _____	_____ = _____
TOTAL	_____ + _____	_____ + _____	_____ = _____

**13) DSM AND DONATED COSTS**

	LABOR	MATERIAL	TOTAL
DSM	_____ + _____	_____ + _____	_____ = _____
DONATED	_____ + _____	_____ + _____	_____ = _____
TOTAL	_____ + _____	_____ + _____	_____ = _____

**14) COMMENTS**

\_\_\_\_\_

**15) OWNER'S ACKNOWLEDGEMENT**

All of the measures installed in my home have been explained to me pre-installation. I accept all equipment and materials installed, and I am satisfied with the work performed on my house by the Kentucky Weatherization Assistance Program. I realize there is no expressed or implied warranty and there can be no further assistance granted through this program.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

**16) INSPECTOR'S CERTIFICATION**

I certify that this dwelling has been inspected and all work has been completed in compliance with the Kentucky Weatherization Program Manual.

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector's Name (Printed): \_\_\_\_\_

CAA/Contracting Agency: \_\_\_\_\_  
 Inspector QCI Certified:  Yes  No

# Section 106 Project Review Form (REV 3/2016)



SECTION 1: CONTACT INFORMATION			
CAA Agency Name		Job #	
CAA Agency Contact			
CAA Telephone		CAA E-Mail	
Project Address (Street, City, State, Zip)			

SECTION 2: PROPERTY INFORMATION	
Is the structure a mobile home or manufactured housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answers above are YES, the project is "Exempt" - proceed to Section 4: Determination. If you answered NO, please proceed with the questions below.	
Are any buildings or structures over 50 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Is project located in or adjacent to a historic district? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered YES, please proceed with the questions below. If the answers above are NO, the project is "Exempt" - proceed to Section 4: Determination.	

**SECTION 3: PROJECT DESCRIPTION:** Are the proposed project activities (REGARDLESS OF FUNDING SOURCE) limited to:

- Interior Work:** Electrical, plumbing or mechanical repairs, replacements, or installations limited to interior spaces; interior weatherization or energy conservation activities including insulating attics, floors and walls.
- Roof Work:** Replacing asphalt roof shingles or other composite materials; installation of jacks/vents or flues not located on a primary roof elevation or visible from the public right-of-way; repairing or replacing gutter system to match existing.
- Exterior/Doors/Windows:** Painting exterior surfaces in a matching or complementary color; repairing or replacing missing or damaged glass panes, caulking, weather stripping, and installing thresholds and storm windows or doors in a manner that does not harm or obscure historic windows or trim; replacement of HVAC units where exterior components are similar in size or smaller compared to existing components, and located in the same place as existing units; installing insulated exterior replacement doors where the openings are not altered and they cannot be viewed from the public right-of-way.
- Foundations:** Underpinning and ventilating crawl spaces if materials are set at least 2 Inches behind the outer face of piers or foundations on the front façade; installing foundation vents, if painted or finished to match the existing foundation material.
- Site Work:** Repair or replacement of existing site features like wheelchair ramps, driveways, parking areas, and walkways, sewer lines, water lines and drain connections in a manner that does not disturb historic exterior building or landscape materials or features.
- Projects completed by qualified contractors in accordance with the Secretary of the Interior's Standards for the Treatment of Historic Properties (Standards) and in accordance with Appropriate National Park Service Preservation Briefs, limited to the following activities:** Power-washing exterior masonry; repairing masonry, including repointing, and rebuilding chimneys and installing chimney flue liners; replacing roofing to closely match the historic materials and form or with materials that restore the documented original feature in a manner that does not alter the roofline; conducting Lead-based Paint Abatement or "Management in Place" activities.

SECTION 4: DETERMINATION	
If the scope of your project is limited to the Exempt activities above you may proceed further with no consideration of the Section 106 Process. I hereby certify, to the best of my knowledge, that the answers to the above are true and correct.	
Weatherization Agency Evaluator Signature _____	Date _____
If it cannot be determined that the scope of work that you are proposing is Exempt from the Section 106 process, contact Kentucky Housing Corporation at <a href="mailto:Wxinvoice@kyhousing.org">Wxinvoice@kyhousing.org</a> .	



**WX-910**

(REV. 1/10/08)  
(REV. 6/22/09)

**Kentucky Housing Corporation  
Department of Design & Construction Review  
(Weatherization)**

**REQUEST TO EXCEED / FUEL CHANGE REQUEST:**

Applicants Name: \_\_\_\_\_ Job No. \_\_\_\_\_  
 Applicants Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Service Provider: \_\_\_\_\_ Phone No: \_\_\_\_\_

**REQUEST TO EXCEED / FUEL CHANGE REQUEST**

*(To Be Completed by Service Provider)*

*\*Only to be submitted when total cost exceeds maximum cost limitation standards.\**

	ESTIMATED	LABOR	MATERIALS	TOTAL
<input type="checkbox"/> YES <input type="checkbox"/> NO	Exceed Health & Safety Max Cost	\$	\$	\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Exceed Reg. WX Max Cost	\$	\$	\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Fuel Change Within Max Cost			
Existing Fuel Type <input type="checkbox"/> Electric <input type="checkbox"/> Nat Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other	Switch to Fuel Type <input type="checkbox"/> Electric <input type="checkbox"/> Nat Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other			

*Note: These requests will ultimately affect your year end averages.*

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Justification (include copy of work order): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cabinet WX Approval**

*(To Be Completed by CHFS DFS WX Staff)*

This certifies justification for request was rec'd on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and is expected to be performed in accordance with the contract specifications.  
(month) (day) (year)

- Approved
- Not Approved
- Justification attached

Weatherization Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

