

WX-WR

Kentucky Housing Corporation
Weatherization Assistance Program

WEATHERIZATION READY REPAIR PROGRAM REQUEST:

Applicants Name: _____ Job No. _____

Applicants Address: _____ Phone No: _____

Service Provider: _____ Phone No: _____

INSTRUCTIONS: SELECT THE REPAIR TYPE, INPUT LABOR AND MATERIALS AMOUNTS FOR REPAIR TYPE. COMPLETE THE REQUEST JUSTIFICATION SECTION WITH SHORT NARRATIVE DESCRIBING THE NEED FOR THIS REQUEST AND ATTACH SUPPORTING DOCUMENTATION. EMAIL TO WXADMIN@KYHOUSING.ORG FOR APPROVAL.

(To Be Completed by Service Provider)

REPAIR TYPE	LABOR	MATERIALS	TOTAL

Request Justification (attach supporting documents): _____

Service Provider Signature: _____ Date: _____

KHC WX Approval
(To Be Completed by KHC WX Staff)

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

- Approved
- Not Approved
- Justification attached

KHC WX Representative: _____ Date: _____