

Weatherization Assistance Program: Deferral of Service Notification

Name: _____ Notification Date: _____
 Address: _____
 Building ID#: _____ Weatherization Agency: _____
 Audit Date: _____ Auditor's Name: _____

Recently your home was inspected for weatherization services. It is the policy of this agency to provide weatherization services when those services may be delivered effectively and safely, without undue hazards to our staff or our clients. Conditions were noted on _____ which prevent the weatherization of your home at this time. Those conditions are checked below.

- Standing water, mold, friable asbestos, deteriorated lead-based paint surfaces or other hazardous materials, this cannot be addressed by the weatherization work.
- Evidence of infestations of rodents, insects, and/or other vermin.
- Unsecured pets that may prevent workers from safely completing their work.
- The presence of sewage or animal feces in the home.
- Improperly stored chemicals, combustible materials, or other fire hazards that present a danger to the occupants or the workers.
- Maintenance or housekeeping practices that limit the access of workers to the dwelling or create an unhealthy work environment.
- Major remodeling is in progress, which limits the proper completion of major weatherization measures.
- Electrical or plumbing hazards, or structural failures that cannot be addressed as a part of weatherization services.
- Threat(s) of violence or abusive behavior to worker(s) or household member(s) during the weatherization process.
- The illegal presence or use of any controlled substance in the home during the weatherization process.
- Occupant has known health conditions that prohibit the installation of insulation or other weatherization materials.
- Other: _____

We would consider weatherizing your home if you are able to meet the conditions listed by: _____

List the specific conditions: _____

When you have met the conditions listed above, or if you believe a mistake has been made in this determination, please contact the party listed below and we will re-inspect your home within _____ working days of hearing from you.

| | | |
|--------------|---------------|----------------|
| Contact Name | Contact Title | Contact Phone# |
|--------------|---------------|----------------|

To assure that you have received this notice it has been sent to you by certified mail or hand delivered to you for signature. The signature on the certified delivery receipt verifies your receipt of this notice. You may also acknowledge the receipt of this notice and an understanding of the options outlined by signing below and returning it using the enclosed envelope.

| | | |
|-------------------------|------------------------|---------------------|
| (Print Your Name Above) | (Sign Your Name Above) | (Date Signed Above) |
|-------------------------|------------------------|---------------------|

Please note your eligibility for weatherization services lapses on _____. If you have not re-contacted us by _____ your application will be denied.

You have the right to appeal the decision to defer weatherization services. Included with this notification are the procedures to follow in order to file an appeal.

Listed below are recommended organizations for you to contact for additional help.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |