

WEATHERIZATION ASSISTANCE PROGRAM (WAP)
PROJECT COVER SHEET / DOCUMENT CHECKLIST

INSTRUCTIONS: The WAP Forms Bundle contains the MaineHousing forms required to process a project for payment. Adobe's bookmark feature provides a complete list of forms. Complete this Project Cover Sheet and the forms will auto-populate. Print completed forms for signatures.

PRIMARY APPLICANT

Name (or Entity) _____
First MI Last

Mailing Address _____

City State Zip _____

Phone _____

Email _____

OWNER (if different than Applicant)

Name (or Entity) _____
First MI Last

Mailing Address _____

City State Zip _____

Phone _____

Email _____

PHYSICAL ADDRESS (PROPERTY)

Property Street _____

City State Zip _____

COMMUNITY ACTION AGENCY (CAA)

CAA Name _____

Mailing Address _____

City State Zip _____

Phone _____

PROJECT

Work Order # _____

Work Order Issue Date _____

Completion Date _____

Project Cost \$ _____

Representative Name _____

Representative Phone _____

Representative Email _____

Tech/Inspector Name _____

Tech/Inspector Phone _____

Tech/Inspector Email _____

Contact Name _____

Contact Title _____

Contact Phone _____

Contact Email _____

CONTRACTOR (CREW)

Contractor Name _____

Mailing Address _____

City State Zip _____

Phone _____

Email _____

Representative Name _____

Representative Email _____

COMMENTS

Contractor Reason Chosen

PROJECT DOCUMENTS REQUIRED BY MAINEHOUSING

Use this checklist to indicate which of the following final/signed documents have been uploaded to HEAT Enterprise.

- | | |
|---|--|
| <input type="checkbox"/> Consent Form | <input type="checkbox"/> Deferral of Services Notice <i>(if applicable)</i> Approved |
| <input type="checkbox"/> Proof of Ownership | <input type="checkbox"/> Waiver(s) <i>(if applicable)</i> |
| <input type="checkbox"/> Power Source Signoff | <input type="checkbox"/> Rental Agreement <i>(if applicable)</i> |
| <input type="checkbox"/> ASHRAE Calculation <i>(in RED or Excel)</i> | Occupant Health Pre-Screening form |
| <input type="checkbox"/> Final Ventilation Checklist (ASHRAE) | |
| <input type="checkbox"/> Inspection Completion | |
| <input type="checkbox"/> Thermal Barrier Application <i>(if applicable)</i> | |
| <input type="checkbox"/> Contractor Invoice | |
| <input type="checkbox"/> Contractor Release of Liens | |
| <input type="checkbox"/> Insulation Certification | |
| <input type="checkbox"/> CTE Documentation | |
| <input type="checkbox"/> Pre, Post & Elevation Photographs <i>(4 sides)</i> | |
| <input type="checkbox"/> Drawings/Footprint | |

Appliance Repair/Replacements must also include the following:

Appliance Replacement Consent

Photograph of existing appliance with tag

Appliance vendor invoice for delivery, install and/or repair

Technician Evaluation

Vendor Release of Liens

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

WAP CONSENT

Agency:

Agency Contact Name: _____

Agency Contact Title: _____

Agency Contact Phone: _____

Agency Contact Email: _____

Applicant:

Phone:

Property:

Owner (if different
than Applicant):

APPLICANT ASSURANCES:

1. I understand and agree that above-named CAA may make WAP improvements to my home as deemed necessary in accordance with MaineHousing rules and procedures.
2. I understand and agree that cellulose or fiberglass insulation, various types of foam plastic insulation and/or various types of sealants and caulking may be used in the weatherization of my home. I shall receive Material Safety Data Sheets from the contractor chosen for the job. The SDS sheets shall cover the materials used in my home.
3. I understand and agree that as a result of these weatherization measures, it may be deemed necessary to install mechanical ventilation such as bathroom or kitchen exhaust fans with programmable switches to control the amount of air flow in my home for the purpose of health & safety. I further agree that the process of ventilation has been explained to me and I understand the necessity of the measures.
4. I understand and agree that the energy rating goal is to be up to R-49 in the attic and R-19 in the walls, when the physical characteristics of the structure allow. I further understand and agree that air sealing may be done and a vapor barrier may be installed.
5. I have received a copy of the EPA publication *The Lead-Safe Certified Guide To Renovate Right* and have also been educated on weatherization and health and safety topics pertinent to my home.
6. I understand and agree that if WAP services are approved for my home that my signature below authorizes the CAA and any contractors employed by the CAA to perform recommended services.
7. I understand a signed copy of this *WAP Consent* and a written work order will be provided to me prior to the commencement of any work. The written work order will include:
 - a. A list of the measures to be installed in the home.
 - b. The name and contact information of the contractor.
8. I understand that details of any warranties for materials used in the home will be provided by the contractor prior to installation.
9. I understand that my signature below authorizes the CAA and/or MaineHousing and/or the Department of Energy and/or the U.S. Department of Health and Human Services to conduct inspections of the work, either in progress or after the work is completed. I understand these inspections may involve testing with a blower door and other methods as deemed necessary to verify the quality and integrity of the associated work.
10. I understand that materials were provided solely for the WAP services provided at the above-named Property, and that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA reclaiming those materials or reclaiming the purchase and installation costs of those materials. I further understand that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA and MaineHousing prohibiting me from receiving any future benefit from the CHIP, WAP, Fuel Assistance or any other MaineHousing administered program.
11. In consideration of any WAP services received, I understand that upon completion and final inspection of the work, the CAA shall deliver to me a list of all installed work done with description of the tasks performed and quantities and types of materials used.
12. I agree to allow my home to be photographed for pre- and post-work documentation.

By signing below, I certify that I have read the above statements and agree to the assurances. My signature also verifies this Property is not currently for sale, nor is it designated for foreclosure. I understand failure to provide complete, accurate information may result in me having to repay cost associated with the work.

I understand that the labor and materials for the work on the above Property will be provided to me at no cost. However, I further understand that if I sell the Property within one (1) year of the completion of the WAP improvements, I may be required to repay MaineHousing an amount equal to the cost of the WAP improvements within sixty (60) calendar days of the date of sale.

APPLICANT:

OWNER: (if different than Applicant)

Applicant Signature

Date

Owner Signature

Date

MAINE WEATHERIZATION PROGRAM (WAP)
RADON INFORMED CONSENT

INSTRUCTIONS: The *Radon Informed Consent* must be signed by applicants/property owners in consideration of any WAP services received.

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a small risk of increased radon levels in homes when the building air tightness levels are improved. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Precautionary Measures: All counties in Maine are identified as having moderate- to high-potential-radon levels.* Precautionary measures indicated below may be installed as part of weatherization work completed:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Open sump pit capped
- Crawl space venting inspected and/or improved
- Basement isolated (air sealed) from living space
- Other: _____

I am aware that weatherization work completed may affect levels of radon, and that mechanical ventilation may counteract any potential increases. I have received the Environmental Protection Agency's (EPA's) "A Citizen's Guide to Radon" and radon-related risks were discussed. By signing below, I acknowledge that I have read this informed consent form and have chosen to go forward with weatherization of my home.

APPLICANT:

OWNER: (if different than Applicant)

Applicant Signature

Date

Owner Signature

Date

*Defined as counties with predicted indoor radon screening levels at or above 2 pico curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-information#radonmap>.

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

POWER SOURCE SIGN-OFF

PRIMARY APPLICANT:

First Name MI Last Name

PHYSICAL ADDRESS (Property):

Street

City State Zip

OWNER (if different than Applicant):

First Name MI Last Name

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

Check appropriate box and provide all applicable signatures below.

Use of Applicant Power Source:

Based on the Maine Weatherization Standard Guidelines developed and administered by MaineHousing, Contractors are allowed use of an Applicant's direct power source for administering weatherization measures with written permission. By signing this, I, as the eligible Applicant or Owner (landlord) give permission to the Contractor to use my power source from one of the approved methods noted below. By signing this, I grant the Contractor use of my power but can in no way charge for services used.

Approved methods for power use:

- direct plug into a 110 volt manufactured UL approved plug
- direct plug into an existing 220 volt manufactured approved plug for the range or dryer
- must use a UL approved power cord and plug that matches the configuration of the existing outlet

At no time shall the Contractor modify/alter any plug, outlet, or power cord, or directly access power through the service panel.

Contractor to provide their own power source: The Contractor will not use the Applicant's power source.

Signature of Primary Applicant

Date

Signature of Owner (Landlord)

Date

Contractor Representative Signature

Date

Contractor Representative Name

**FINAL INDOOR AIR QUALITY CHECKLIST
ASHRAE 62.2 – 2013 Residential Ventilation Standard**

PRIMARY APPLICANT:

OWNER (if different than Applicant):

First Name MI Last Name

First Name MI Last Name

PHYSICAL ADDRESS (Property):

COMMUNITY ACTION AGENCY (CAA):

Street

CAA Name

City State Zip

The following ventilation equipment is installed in the Property:

- Bath Fan Fan timer Switch Range Hood In-line Fan

To meet Indoor Air Quality Standards the Inspector has set ventilation equipment to the following specifications:

Cubic Feet per Minute
(CFM) required _____

Measured Exhaust Fan Full
Speed (CFM) _____

Fan/timer operation schedule: _____

In the event of power outage, please refer to the manufacturer's operating instructions to reprogram the original fan/timer settings to those specified above.

Notes: _____

A copy this form was provided to the Applicant as part of client education; a copy is kept with the Applicant's file

Signature of CAA Inspector

Date

CAA Inspector Name

CAA Inspector Phone

ACKNOWLEDGEMENT

- I received owner's manuals for all installed ventilation equipment.
 The process of ventilation has been explained to me and I understand that altering the settings/disconnecting the ventilation equipment may result in unhealthy indoor air quality.

APPLICANT:

OWNER (if different than Applicant):

Signature of Applicant Date

Signature of Owner Date

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

INSULATION CERTIFICATE

Date of Completion _____
Property Address: _____

Contractor Name _____
Contractor Address _____
Contractor Phone _____

WALLS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

CEILINGS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

WALLS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

CEILINGS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

FLOORS (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

OTHER (sq ft) _____
Type of Insulation _____
Installed Thickness _____
Settled Thickness _____
R-Value Installed _____
Amount Installed (sq ft) _____
Weight of Bags _____
Number of Bags _____

I certify that the residence identified above was insulated as specified and that the installation was conducted in conformance to applicable codes, standards and regulations.

Installer Name

Installer Signature

Date

WEATHERIZATION ASSISTANCE PROGRAM (WAP)

INSPECTION COMPLETION

PRIMARY APPLICANT:

OWNER (if different than Applicant):

First Name MI Last Name

First Name MI Last Name

PHYSICAL ADDRESS (Property):

COMMUNITY ACTION AGENCY (CAA):

Street

CAA Name

City State Zip

- 1. I certify I am the owner/occupant of the above residence. I agree that the property needed the weatherization work described herein and that the work was completed satisfactorily. To the best of my knowledge the materials used and tasks performed are valid and correct. I understand I will receive the list of tasks performed and materials installed.
2. I understand that materials were provided solely for the weatherization of the above residence, and that the non-use, removal, sale, and/or misuse of these materials by me may result in the CAA reclaiming those materials or reclaiming the purchase and installation costs of those materials. I further understand that the non-use, removal, sale, and/or misuse of these materials by me may result in the CAA and MaineHousing prohibiting me from receiving any future benefits from the CHIP, WAP, Fuel Assistance or any other MaineHousing administered program.
3. I further understand that the labor and material for this work on the above residence was provided to me at no cost. I am under no legal obligation to pay for the weatherization materials except as noted in the preceding paragraph.
4. Prior to any work commencing I received a description of the work to be performed from the CAA. I was also given copies of all applicable Material Safety Data Sheets from the contractor prior to the start of the weatherization work.
5. I understand that my signature below authorizes MaineHousing and/or the Department of Energy and/or the Department of Health and Human Services to conduct an inspection of the weatherization work. These inspections may involve testing with a blower door and other methods as deemed necessary to verify the quality and integrity of the installed measures.
6. I acknowledge that I received a Client Satisfaction Survey card which provides an opportunity for me to provide MaineHousing with information about my experience with the Weatherization Assistance Program.

I (the Applicant/Owner) am satisfied with the completed work.

Applicant (signature) Date

Owner (signature) Date

I, the CAA WAP QCI, have verified the energy model and audit and confirm all measures have been properly installed in accordance with the Maine Weatherization Assistance Program Standards.

CAA Inspector (signature) Date

CAA Inspector Name (print) BPI Number

Were Permits needed? Yes or No If Yes, please upload permits with WAP documents

Maine State Housing Authority (MaineHousing)
 WEATHERIZATION ASSISTANCE PROGRAM (WAP)
 CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

RELEASE OF LIENS

PRIMARY APPLICANT:

 First Name MI Last Name

PHYSICAL ADDRESS (Property):

 Street

 City State Zip

Work Order Date: _____

OWNER (if different than Applicant):

 First Name MI Last Name

CONTRACTOR:

 Contractor Name

COMMUNITY ACTION AGENCY (CAA):

 CAA Name

Regarding the Contract entered into between the CAA and Contractor, for work performed on the above-referenced Property in accordance with the agreed upon Work Order, the Contractor certifies/states as follows:

1. There is due from and payable by the CAA to the Contractor, the amount of \$ _____ pursuant to the Work Order and duly approved Change Orders and modifications.
2. The undersigned certifies that all work required under the Work Order has been performed in accordance with the terms thereof and was completed on _____ and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Work Order.
3. The undersigned releases any and all claims, other than for the final payment set forth above, arising under or by virtue of the Work Order and agrees to indemnify the CAA, MaineHousing and the property owner against any such claims.
4. The undersigned has provided directly to the Applicant or attached to this Release all manufacturers' and suppliers' written guarantees and warranties covering materials and equipment furnished under the Work Order.

 Contractor Representative Signature

 Date

 Contractor Representative Name

Maine State Housing Authority (MaineHousing)
 WEATHERIZATION ASSISTANCE PROGRAM (HEAP)
APPLIANCE REPLACEMENT/REPAIR CONSENT

PRIMARY APPLICANT:

OWNER (Landlord) (if different than Applicant):

 First MI Last Name

 Entity Name or First MI Last Name

PHYSICAL ADDRESS (Property) :

COMMUNITY ACTION AGENCY (CAA):

 Street

 CAA Name

 City, State Zip

Please provide the requested information for all appliances eligible for replacement and/or repair.

Type	Existing Appliance	Replacement Appliance	Owned by
Refrigerator <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Freezer <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Clothes Washer <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Clothes Dryer <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Range <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Cooktop <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Oven <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Water Heater <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	

I certify/agree that ownership of the existing appliance(s) referenced above is correct. I have received a copy of the specification sheets for the above-referenced replacement appliance(s). I understand that for each appliance replaced, the existing appliance must be surrendered for recycle. I also understand that said replacement appliance(s) will remain the property of the Applicant if Applicant owns the existing appliance(s) and/or will remain at the physical address if the replacement appliance(s) is owned by the Landlord.

APPLICANT/LANDLORD:

 Signature of Applicant

 Date

 Signature of Landlord (if different than

 Date

DEFERRAL OF SERVICES NOTICE

PRIMARY APPLICANT:

OWNER (if different than Applicant):

First Name MI Last Name

First Name MI Last Name

PHYSICAL ADDRESS (Property):

COMMUNITY ACTION AGENCY (CAA):

Street

CAA Name

City State Zip

The following describes the problems/conditions found and how the problems prevent this home from receiving Weatherization services at this time:

The following corrective actions are required before Weatherization services can be initiated:

You may contact the following resources to inquire about other possible types of assistance:

If the problems are corrected, your home may qualify for Weatherization services provided the household still meets eligibility criteria.

Signature of CAA Representative

Date

CAA Representative Name

CAA Representative Phone

ACKNOWLEDGEMENT

I understand that the condition(s) outlined above prevent my home from receiving Weatherization services at this time. It is my responsibility to contact the Community Action Agency when the condition(s) has been corrected.

APPLICANT:

OWNER (if different than Applicant):

Signature of Applicant

Date

Signature of Owner

Date

Appeal Rights: You have the right to an informal review of the decision to defer Weatherization services. You must contact the Manager of Weatherization in writing within 30 calendar days of the date the Deferral of Services Notice was signed. You must include the reason(s) why you don't agree with this decision along with any documentation that will show that the deferral reason was made in error or not accurate.

You may send your Appeal letter to:

MaineHousing
Manager of Weatherization
26 Edison Drive
Augusta, ME 04330

You can expect to receive a written response within 14 days from the date your appeal is received.

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

RENTAL AGREEMENT

1. The parties to this Rental Agreement (hereinafter the "Agreement") are the following:
_____ Hereinafter "Tenant"
_____ Hereinafter "Landlord"
_____ Hereinafter "Agency"
2. The Landlord consents and agrees that the Agency may make WAP and/or CHIP improvements or repairs in accordance with the MaineHousing rules to the property located at _____ in _____ Maine (hereinafter "Property") and presently leased to the Tenant.
3. In consideration of the WAP and/or CHIP services provided by the Agency, the parties agree to the following:
 - a. OTHER LETTING OR LEASE AGREEMENT - The parties agree that the terms of this Agreement are incorporated into any written letting or lease agreement between the Landlord and the Tenant and if there is any conflict between the provisions of this Agreement and the provisions of such letting or lease agreement, the provisions of this Agreement shall govern.
 - b. RENT INCREASE - The present rent for the Property is \$ _____ per _____. The amount of rent will not be raised because of any increase in the value of the Property due solely to the WAP and/or CHIP improvements made to the Property during the term of this Agreement as described in Section 5 below. The amount of rent charged to the Tenant may only be increased to reflect the Tenant's prorated share (being determined by a ratio of the living space in the Tenant's apartment to the total building residential space) of the following expenses actually incurred and documented by the Landlord:
 - i. Actual increases in property taxes other than increases due to WAP and/or CHIP improvements made to the Property, as documented by a property tax bill relative to the Property.
 - ii. Actual cost of amortizing improvements other than WAP and/or CHIP improvements to the Property which occurred on or after the date of this Agreement and which directly benefits the Tenant as relevant evidence of such improvements.
 - iii. Actual increases in expenses of maintaining and operating the Property, as documented by bills, invoices and other relevant evidence of such expenses, taking into account the savings attributable to WAP and/or CHIP improvements made to the Property.

This section may be waived if, and only if, the Property is found eligible for subsidy, in which case the actual rent charged by the Landlord shall conform to the standards of such subsidy program.
 - c. TERMINATION OF TENANCY - There shall be no termination of tenancy except for the following reasons: (1) the Tenant, Tenant's family or an invitee of the Tenant has caused substantial damage to the Property which the Tenant has not repaired or caused to be repaired, (2) the Tenant has caused or permitted a nuisance at the Property, (3) the Tenant has caused or permitted an invitee to cause the Property to become unfit for human habitation, (4) the Tenant has violated or permitted a violation of the law regarding tenancy, (5) the Tenant is seven (7) days or more in arrears in payment of the rent. Termination shall be in accordance with the provisions of 14 M.R.S.A § 6002 (1).

d. SALE OF PROPERTY - In the event the Landlord sells the Property within one (1) year of the completion of the WAP and/or CHIP improvements, the Landlord agrees to pay the Agency an amount equal to the cost of the WAP and CHIP improvements made to the Property as of the date of sale. Said amount shall be paid to the Agency within sixty (60) calendar days of the date of sale.

4. Landlord agrees that in the event that the Tenant's tenancy is terminated before one (1) year from the completion of WAP and/or CHIP improvements, the Landlord will exercise its best efforts to lease the Property to a low-income Tenant.
5. The Agreement will begin on the date of the signature of the parties and will expire on the first rent payment date which occurs twelve (12) months after the date the WAP and/or CHIP work is completed, as documented by the WAP/CHIP Inspection Completion form.
6. It is intended by the parties that all parties to this Agreement, including the Tenant, are beneficiaries of this Agreement and shall have the right to enforce this Agreement.
7. The Landlord and the Tenant authorize the Agency to receive a statement from the fuel supplier/utility supplier as to the quantity of fuel used at the Property in each of the past three (3) years and the future three (3) years. The information is to be used only to determine the cost effectiveness of the WAP and CHIP improvements.

Dated _____

Landlord Signature

Witness

Dated _____

Tenant Signature

Witness

Dated _____

Agency Signature

Witness

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

THERMAL BARRIER APPLICATION
Weatherization Contractor / Applicator Verification

PRIMARY APPLICANT:

First Name MI Last Name

PHYSICAL ADDRESS (Property):

Street

City State Zip

OWNER (if different than Applicant):

First Name MI Last Name

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

Thermal Barrier Product (must be approved by Maine State Fire Marshall):

I verify that the above noted thermal barrier was installed per the manufacturer's specifications.

Additionally, I verify that one depth gauge card was visibly installed on each wall surface with the product ID on the gauge.

Lastly, I verify a copy of the product specifications sheet for the installed thermal barrier as well as all applicable MSDS information has been provided to the client / homeowner, named above, at job completion.

Contractor Representative Signature

Date

Contractor Representative Name

OCCUPANT HEALTH PRE-SCREENING

Applicant Name: _____ **Agency Name:** _____
Address to be Weatherized: _____ **Agency Contact Email:** _____
Date of initial screening: _____ **Agency Contact Phone:** _____

INSTRUCTIONS: The Occupant Health Screening must be signed by applicants/property owners in consideration of any WAP services received.

During the weatherization process your household will be exposed to materials and equipment that may pose a risk to occupant's health and safety. Common weatherization measures may include work on: air sealing, insulation, windows, doors, HVAC and ventilation equipment. Known hazards are similar to those found in a construction environment such as exposure to power tools, excessive noise, dust, temporary odors, etc.

I understand and agree that cellulose or fiberglass insulation, various types of foam plastic insulation and/or various types of sealants and caulking may be used in the weatherization of my home.

The following are examples of high risk conditions that may be affected: chronic allergies; breathing problems; high blood pressure. Are there any special accommodations or actions you would like to take or like the WAP provider to take while contractors are on site:

Are you aware of any existing:

Moisture problems: No Yes, location: _____

Possible Lead or asbestos: No Yes, location: _____

Known radon test levels: _____

Other concerns: _____

The client shall receive Material Safety Data Sheets from the contractor chosen for the job. The SDS sheets shall cover the materials used in my home.

I certify that the information contained in this health condition screening is accurate and complete to the best of my knowledge.

As the occupant of the above address, I acknowledge I have been informed that some types of work can affect certain health conditions. I am in agreement with the Weatherization services in my home, and understand that I can contact the Energy Auditor if there are any questions related to Weatherization services that might impact an occupant's health.

Applicant Signature: _____ **Date:** _____

Owner Signature (if applicable): _____ **Date:** _____

As the Energy Auditor, have identified the actions above that may be necessary to assure the health and safety of clients based on occupant preexisting health conditions. I have explained to the occupants the planned use of spray foam or any other product that may cause a health hazard and the recommended manufacturer's precautions to be taken.

Auditor Signature: _____ **Date:** _____