

INSPECTION COMPLETION

Weatherization Readiness Funds

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 repair 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 repair 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 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 repair work, if applicable.
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.

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

Applicant (signature) _____ Date _____

Owner (signature) _____ Date _____

I (the CAA Inspector) certify that the repair materials and measures were properly installed in accordance with the work order issued to the contractor.

CAA Inspector (signature) Date _____

CAA Inspector Name (print) Phone _____

Were Permits needed? Yes or No If Yes, please upload permits with WRF documents. Thank you.

FAIL As noted below, Rework or Additional Work is required

CAA Inspector (signature) _____ Date _____

CAA Inspector Name (print) _____ Phone _____

Rework/Additional Work: