

Weatherization Deferral Form

Project Number

Audit Date

Client Name

Address

City & Zip Code

Home or Message phone

Work Phone

Deferral of weatherization work on the above home is based on the following conditions:

Recommended measures for remedying the existing conditions are as follows:

I certify that the above information is complete and accurate.

Signature of Agency Representative

Date

Client Information: I understand weatherization work has been deferred on my home for the above reasons. I understand the conditions under which weatherization work may continue. I understand I must contact the weatherization agency within 12 months of original application date if conditions have changed and that these changes may allow work to resume. I understand if I contact the weatherization agency more than 12 months after the original application date I need to reapply for weatherization services.

Client Signature

Date