

LIHEAP Heating and Cooling Repair or Replacement Program

Agency: BVCAP CAPLSC CAPMN CNCAP UWM NENCAP NWCAP SENCAP

Client Name: _____ Job Number: _____

Address: _____ Phone Number: _____

Existing Heating/Cooling Equipment Information

Building Type: Frame Mobile
 Fuel Type: Nat. Gas Propane Electric Fuel Oil Other
 Heating System Type: Forced Air Gravity Boiler Vented Un-vented Wall Floor Heat Pump
 Cooling System Type: Central Air Window Heat Pump None A-Coil Sloped Coil
 Manufacturer: _____ Model#: _____ Serial Number: _____

Homeowner Certification Statements

I hereby certify that I am the owner and occupant of the above house, and that the property requires emergency furnace and/or air conditioner repair or replacement under the Nebraska Weatherization Assistance - LIHEAP Heating and Cooling Repair or Replacement Program.

I understand that I have no legal obligations to pay for the materials/equipment installed in my home and that no legally enforceable debt is hereby created.

I have been informed that my home is eligible for Weatherization services and of the benefits associated with Weatherization, and I hereby **DECLINE** to allow the Weatherization of my home.

Initials

N/A

Sign Here

Owner Signature: _____

Date:

Checklist for Heating and Cooling Repair or Replacement Approvals

- | N/A | Yes | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Signed Emergency Furnace/AC Repair/Replacement Homeowner Certification Statement Copy of |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Ownership (Deed, Taxes, or Mortgage Stub) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Mobile Home Title |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) Copy of |
| <input type="checkbox"/> | <input type="checkbox"/> | System "Red Tag" or HVAC Bid Indicating Emergency Replacement is Required Agency |
| <input type="checkbox"/> | <input type="checkbox"/> | Documentation Indicating Emergency Replacement is Required |
| <input type="checkbox"/> | <input type="checkbox"/> | Income Verification — Attach verification to BCJO |
| | <input type="checkbox"/> | Most recent Social Security of SSI Letter |
| | <input type="checkbox"/> | Last 3 Months of Pay Stub |
| | <input type="checkbox"/> | Unemployment Compensation Letter |
| | <input type="checkbox"/> | Copy of Your Federal Tax Return (Self-Employment Verification Only) |
| | <input type="checkbox"/> | Verification of Any Other Monthly Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Benefits, Etc.) |
| | <input type="checkbox"/> | Zero Income Verification Form (WX16) |
| | <input type="checkbox"/> | Intake Calculation Form |
| | <input type="checkbox"/> | Verification of receipt of Energy Assistance payments under the Low Income Home Energy Assistance Program of 1981 during the same program year that the LIHEAP-HCRRRA application assistance is received. |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional AC replacement documentation requirements for permanent resident(s) in the home (attach documentation to BCJO): |
| | <input type="checkbox"/> | A child under six years of age who receives ADC, |
| | <input type="checkbox"/> | A person 70 years of age or older, or, |
| | <input type="checkbox"/> | Has a severe illness or condition which is aggravated by extreme heat as verified on WX30 Priority Conditions for Cooling Assistance Form and signed by a licensed healthcare provider. |

Sign Here

Weatherization Representative Signature

Date

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