

STATE OF UTAH WEATHERIZATION ASSISTANCE PROGRAM CLIENT FILE REVIEW

Client name _____ Address _____ City _____

Income Verification Date _____ Work Start Date _____ Completed Date _____

Blower Door pre CFM _____ Blower door post CFM _____ Income Re-certification if over 12 months
Yes No N/A

If HEAT client, certification date: _____ Was work started within 12 months of that date: Yes No

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| WX application completed including agency signatures | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Income verification and eligibility detailed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Verification of ownership details in file, including rentals | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Signed and notarized rental agreement for rental units | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Landlord Co-pay documentation in file | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Age of House | _____ | | |
| Historical preservation doc. in file if house is 50 yrs + | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Notification of client receiving Renovate Right pamphlet | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Pre 1978 house, is XRF testing report in file if required | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Lead Safe WX documented in client file | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Client indoor air quality and safety checklist | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| O & M checklist completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Applicable furnace forms completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Accurate NEAT audit completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Refrigerator test data in file and audited on NEAT audit | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Final Inspection and Worst Case Draft sheet completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Final Inspection sheet signed by client and agency | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Is BWR complete, in client file & match file totals | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Inventory records present in file | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Adequate back-up documentation for material purchases | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Adequate back-up documentation for contractor work | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Date of client file review _____ State staff member completing review _____

Comments: