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

Date of client file review_____State staff member completing review

Comments: