

DEPT. OF ENVIRONMENT AND ENERGY

LIHEAP Heating and Cooling Repair or Replacement Program

Jate Name:       Jate Number:         Identify Type:       Existing Hesting/Cooling Equipment Information         Cooling System Type:       Media System Type:         Image:       Intercent Art Control Date:         Intercent Art Control Date:       Intercent Art Control Date:         Intercent Art Control Date:       Media:         Intercent Art Control Date:       Serial Number:         Intercent Art Date:       Intercent Art Date:	Agency:	BVCAP	CAPLSC			□UWM			
Existing Heating System Type:         Cooling System Type:           Cooling System Type:           Cooling System Type:           Winterview:         Cooling System Type:           Model:         Senie Number:	ent Name:						Job Nun	nber:	
ding Type: Field Type: College Type: College System Type: College State System Type: College Type: College State System Type: College State System Typ	ress:	Phone Number:							
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Mode       Proor	ilding Type:	Fuel Ty	/pe:	EXISTI			monnation	Cooling System	Туре:
Mulacular: Model: Serial Variable Serial Vari	Frame			Electric		•	Vented	Central Air	□Window □Heat Pump
I hereby certify that I am the owner and occupant of the above house, and that the property requires emergency and/or air conditioner repair or replacement under the Nebraska Weatherization Assistance - LIHEAP Heating and Cooling F Replacement Program. I understand that I have no legal obligations to pay for the materials/equipment installed in my home and that no legally enfor debt is hereby created. I have been informed that my home is eligible for Weatherization services and of the benefits associated with Weatherization hereby DECLINE to allow the Weatherization of my home. In have been informed that my home is eligible for Weatherization services and of the benefits associated with Weatherization hereby DECLINE to allow the Weatherization of my home. Interve the materials/equipment Approvats I checklist for Hesting and Cooling Repair or Replacement Approvats I comer signature: Date: Checklist for Hesting and Cooling Repair or Replacement Approvats I completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) Copy of Abolite Home Title Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) Copy of System "Red Tag" or HVAC Bid Indicating Emergency Replacement is Required Documentation Indicating Emergency Replacement is Required I lncome Verification - Attach verification to BCJO Copy of Mobile Composition Letter Copy of More Federal Tax Return (Self-Employment Verification Only) Copy of Approximation Form Vuerification of Any Other Monthy Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Compensation Letter Copy of Your Federal Tax Return (Self-Employment Verification Only) Copy of fuction of receipt of Energy Assistance payments under the Low Income Home Energy Assistance Program of 1981 during the same program year that the LIHEAP-HORRA application assistance is received. Complexed. Complexement documentation requirements for permanent resident(s) in the howe (attach documentation to BCJO): Copy of Mo		Fuel	I Oil Other		-	Wall Floor	Heat Pump		A-Coil Sloped Coil
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hereby DECLINE to allow the Weatherization of my home.  Initials N/A  Initials N/A  Owner Signature:  Checklist for Heating and Cooling Repair or Replacement Approvals  Checklist for Heating and Cooling Repair or Replacement Approvals  N/A Yes Signed Emergency Furnace/AC Repair/Replacement Homeowner Certification Statement Copy of Proof of Ownership (Deed, Taxes, or Mortgage Stub) Copy of Mobile Home Title Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) Copy of System "Red Tag" or HVAC Bid Indicating Emergency Replacement is Required Agency Documentation Indicating Emergency Replacement is Required Income Verification - Attach verification to BCJO  Most recent Social Security of SSI Letter Last 3 Months of Pay Stub Unemployment Compensation Letter Copy of Your Federal Tax Return (Self-Employment Verification Only) Cyerification of Any Other Monthly Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Benefits, Etc.) Cero Income Verification Form Verification Form Verification Form Verification Form Additional AC replacement documentation requirements for permanent resident(s) in the home (attach documentation to BCJO)	and/or air o Replaceme I unders	conditioner re nt Program. tand that I ha	epair or repla	cement under	the Nebraska	Weatherization	Assistance - LIHEAF	P Heating and	Cooling Repair o
initials       N/A         Owner Signature:       Date:         Checklist for Heating and Cooling Repair or Replacement Approvals         /A       Yes         Signed Emergency Furnace/AC Repair/Replacement Homeowner Certification Statement Copy of         Proof of Ownership (Deed, Taxes, or Mortgage Stub)         Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) Copy of         System "Red Tag" or HVAC Bid Indicating Emergency Replacement is Required Agency         Documentation Indicating Emergency Replacement is Required         Income Verification — Attach verification to BCJO         Most recent Social Security of SSI Letter         Last 3 Months of Pay Stub         Unemployment Compensation Letter         Copy of Your Federal Tax Return (Self-Employment Verification Only)         Verification of Any Other Monthly Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Serification Form (WX16)         Intake Calculation Form         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+HCRRA application assistance is received.	l have b	een informed				n services and c	f the benefits associa	ated with Weat	herization, and I
Sign	hereby DE0	CLINE to allo	ow the Weath	erization of my	home.		Initials		N/A
Here       Date:         Owner Signature:       Date:         Checklist for Heating and Cooling Repair or Replacement Approvals         //A       Yes         Signed Emergency Furnace/AC Repair/Replacement Homeowner Certification Statement Copy of         Proof of Ownership (Deed, Taxes, or Mortgage Stub)       Copy of Mobile Home Title         Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household) Copy of         System "Red Tag" or HVAC Bid Indicating Emergency Replacement is Required Agency         Documentation Indicating Emergency Replacement is Required Agency         Documentation — Attach verification to BCJO         Most recent Social Security of SSI Letter         Last 3 Months of Pay Stub         Unemployment Compensation Letter         Copy of Your Federal Tax Return (Self-Employment Verification Only)         Verification of Any Other Monthly Benefits Amounts (Example: VA Pension, Retirement/Pensions, Rental Income, 401K, Unemployment Benefits, Etc.)         Zero Income Verification Form         Verification of forceipt of Energy Assistance payments under the Low Income Home Energy Assistance Program of 1981 during the same program year that the LIHEAP-HCRRA application assistance is received.	Sian						initials		N/A
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$\Box$ A child under six years of age who receives ADC,								documentation	to BCJO):
		$\Box$ A child under six years of age who receives ADC,							
□ A person 70 years of age or older, or.		$\Box$ A person 70 years of age or older, or,							
Has a severe illness or condition which is aggravated by extreme heat as verified on WX30 Priority Conditions for Coolin							s verified on WX30 Pric	ority Conditions	for Cooling

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions, findings, conclusions or recommendations expressed herein are those of the author and dno no necessarily reflect the views of DOE.

FORM

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