

**LIHEAP Heating and Cooling Repair or Replacement Program**

Agency: BVCAP CAPLSC CAPMN CNCAP UWM NENCAP NWCAP SENC

Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Existing Heating/Cooling Equipment Information**

Building Type: Frame Mobile Fuel Oil Other  
 Fuel Type: Nat. Gas Propane Electric  
 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 <b>WX30 Priority Conditions for Cooling Assistance Form</b> and signed by a licensed healthcare provider.            |

Sign Here

Weatherization Representative Signature \_\_\_\_\_

\_\_\_\_\_  
Date

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