

State of Utah Weatherization Assistance Program

WAP: Deferral of Service Notification/Health & Safety Notification

Name: _____ Notification Date: _____
 Address: _____ Weatherization Agency _____
 City: _____ Agency Inspector: _____
 Inspection Date: _____ Agency Signature: _____

Recently your home was inspected for Weatherization services. It is the policy of this Agency to provide Weatherization services when those services may be delivered effectively and safely, without undue hazards to our staff or our clients. Conditions were noted on ___(date)___ which prevented the weatherization of your home at this time. Those conditions are noted below:

- _____ Structurally unsound dwelling or one that is condemned for human habitation.
- _____ Evidence of persistent infestation of rodents, insects, and other vermin.
- _____ Electrical or plumbing hazards that cannot be resolved prior to or as a part of the authorized WX work.
- _____ The presence of sewage in any part of the dwelling unit.
- _____ Evidence of environmental hazards such as: (Circle) serious moisture problems, mold & mildew, carbon monoxide, gas leaks, friable asbestos, or other hazardous materials, which cannot be resolved prior to the WX work.
- _____ The presence of animal or human feces in an area of the dwelling unit where field staff must perform various WX measures.
- _____ Excessive garbage and clutter build up in and around the dwelling unit where field staff must perform WX measures.
- _____ Maintenance and housekeeping practices that are negligent to the point of limiting access of field staff to the dwelling or creating an unhealthy working environment.
- _____ Threat(s) of violence, verbal abuse, physical abuse, or profanity towards any worker(s) or household member during the WX process.
- _____ Evidence of the presence and/or use of any illegal/controlled substance in the dwelling unit.
- _____ Evidence of drug cultivation, distribution, and/or manufacturing on the premises.
- _____ A heating system in use has been determined to be unsafe or nonfunctional (through the determination of a qualified technician) and cannot be resolved through the normal efforts of the WX agency prior to the weatherization work or during the normal weatherization process.
- _____ An un-vented space heater or other un-vented combustion appliances are present in the unit, which WX personnel have been unable to remove from the home.
- _____ Other _____

We will reconsider weatherizing your home if you are able to meet the conditions by: ___(date)___

(list specific steps which must be taken)

When you have met the conditions listed above, or if you believe a mistake has been made in this determination, please contact the party listed below and we will re-inspect your home within _____ working days of hearing from you.

(contact Name)

(contact title)

(contact information)

To assure that you have received this notice it has been sent to you by certified mail. The signature on the certified delivery receipt verifies your receipt of this notice

Please note that your financial eligibility for Weatherization services lapses on ___(date)___. If you have not contacted us prior to that date your application will be denied.

You have the right to appeal the decision to defer weatherization services. Included with this notification are the procedures to follow in order to file an appeal