

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"/>
Insulation certificate (copy) 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: