APPLICANT HEALTH AND SAFETY EVALUATION

Applicant Name:	Application Number:

Client Pre-Weatherization Assessment of Home Health and Safety: To be completed by the client and submitted as part of the Weatherization Assistance Application. Please answer all questions as accurately as possible.

1. Do you have mold or mildew problems in your home, or do you experience high humidity at any time of the year? ☐ Yes ☐ No

   If Yes, please describe location & time of year _____

2. Is the basement or crawl space below your home frequently damp or wet? ☐ Yes ☐ No

3. Please check if you typically store any of the following items *inside* your home:

   ☐ Gasoline ☐ Solvents ☐ Pesticides ☐ Space Heaters
   ☐ Kerosene ☐ Grease ☐ Herbicides ☐ Other: _____
   ☐ Paints ☐ Oil ☐ Gas Powered Equipment ☐ None

4. Please check if any member of your household is experiencing any of the following symptoms:

   ☐ Chronic headaches ☐ Chronic drowsiness ☐ Dizziness ☐ None
   ☐ Burning or watery eyes ☐ Asthma ☐ Repeated Nausea
   ☐ Difficulty breathing ☐ Bronchitis ☐ Other: _____

   Answer the following *If* a member of your household is experiencing symptoms:

   a. Number of household member(s) experiencing symptoms _____

   b. List the age of the household member(s) experiencing symptoms _____

   c. During which season are symptoms most severe:
   ☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ No difference

   d. Symptoms are most severe in household members who spend most of their time
   ☐ Inside the home ☐ Outside ☐ Away from the home ☐ No difference

5. Check if any of the following things have occurred at your home in the last 2 years:

   ☐ New Construction ☐ New Carpets ☐ Changes to your Water Heater
   ☐ Extensive Remodeling ☐ New Draperies, or furniture ☐ New Wood Stove
   ☐ Painting ☐ Changes to your heating system ☐ Changes to your existing wood stove

6. Is there anything else about your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain: _____

_____

7. I have answered the above questions to the best of my knowledge.

Applicant Signature: _____ Date: _____