



Weatherization Deferral Repair Program

Post-Repair Completion Checklist and Certification

Property Address: _____

Check the answer which best describes repair efforts:

YES

NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have all repairs noted on the Weatherization Deferral Repair Program homeowner/landlord agreement been completed and photos of finished work provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were permits obtained for any repairs or equipment replacements that were required by the authority having jurisdiction (AHJ)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did repairs require an inspection, and if so has the inspection been satisfactorily completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the electrical system adequate to meet any additional load? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any structural repairs complete and structurally-sound? |
| <input type="checkbox"/> | <input type="checkbox"/> | If mold or other biological contaminants were removed, has removal and treatment been completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the homeowner, occupant or landlord offer any complaints (if yes, list under comments)? |

Is the workmanship: Good Adequate Poor

Comments: _____

The Rehab Specialist and the Housing Program Administrator hereby certify that this report accurately summarizes the repair work performed on the property noted.

Inspector/Rehabilitation Specialist

Date

Weatherization Program Administrator

Date