The purpose of the Indiana Weatherization Assistance Program is to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total residential expenditures, and improve the health and safety of the building and its occupants. This moisture assessment, as part of overall building analyses, documents existing moisture issues before weatherization was performed and identifies issues that must be addressed by the property owner before work can begin on the dwelling.

Items checked on this form have been identified as potential issues in your home.

1. MOISTURE AREAS
   Existing conditions (check all that apply)
   - Damp atmosphere in house
   - Client complaint of allergy-like symptoms
   - Visible mold growth (if yes - go to #2)
   - Evidence of water penetrating the home (stains, moist areas)
   - Evidence of conditions that might allow water in the home (poor grading, bad flashing, bad/missing gutters)
   - Actual construction defect or deterioration that allows water into the home (roof, decks, windows concrete slabs, lack of vapor barrier)
   - Plumbing defects (leaking drains, pipes or toilet seals, missing caulk on sinks or tubs)
   - HVAC problems (dirty, moist filters, poor condensation drainage)
   - Dryer vented indoors, inadequate ventilation for a kitchen, bath or other high moisture area
   - Any source of condensation

2. MOLD/MILDEW AREAS
   Existing Mold/ Mildew Sq Ft of area NOTES
   - Primary bath
   - Second bath
   - Kitchen
   - Laundry area
   - Basement walls
   - Basement shower stall
   - Crawlspace
   - Exterior walls
   - Attic/Ceilings
   - Other

3. UNSANITARY CONDITIONS (may cause odors, viruses or bacteria in house)
   NOTES
   - Insect pests in work area
   - Excessive animal feces/carcasses in work area
   - Excessive bird/bat feces/carcasses in attic
   - Raw sewage in house/basement/crawlspace

Additional Comments: __________________________________________________________

These are the existing conditions as of the date below. Weatherization will / will not be able to proceed due to items identified on this form.

Client Signature: ___________________________ Date: ____________

Agency Representative: ___________________________ Agency Phone Number: ___________________________ Date: ____________

The moisture assessment findings completed by the Building Analyst on ________ do / do not reflect current moisture issues found in the dwelling on ___________. Any changes to the original assessment have been noted and initialed by the appropriate Building Technician.

Certified Building Technician: ___________________________ Date: ____________