

WEATHERIZATION SERVICE AGREEMENT – AUDIT EVENTS

This is an agreement between _____ and _____ (Client)

Client Address _____ Client ID# _____

_____ shall provide services included below depending on the cost effectiveness of each service and in compliance with the Federal Weatherization Assistance Program specifications **AT NO COST TO THE CLIENT** listed at the above address.

Weatherization Work

- | | |
|---|--|
| ____ 1. Air seal major air leaks | ____ 15. Revent the existing kitchen / bath fan |
| ____ 2. Insulate the attic(s) | ____ 16. Install smoke / CO alarms |
| ____ 3. Insulate exterior walls | ____ 17. Revent the clothes dryer |
| ____ 4. Insulate the foundation walls / rim joists | ____ 18. Install or change the combustion air |
| ____ 5. Insulate the crawlspace/mobile home belly | ____ 19. Perform Lead Safe Work Practices |
| ____ 6. Weather strip exterior doors | ____ 20. Replace the main refrigerator |
| ____ 7. Clean and tune or repair the heating plant | ____ 21. Replace light bulbs |
| ____ 8. Replace the heating plant | ____ 22. Mitigate back drafting issues at the
following appliance(s): _____ |
| ____ 9. Install a programmable thermostat | ____ 23. Repair fuel leaks at _____ |
| ____ 10. Revent the heating plant | ____ 24. Removal or disconnection of Knob and
Tube wiring |
| ____ 11. Revent / repair the water heater | ____ 25. Other _____ |
| ____ 12. Replace water heater | ____ 26. Other _____ |
| ____ 13. Install pipe wrap on water heater / boiler | |
| ____ 14. Install a kitchen / bath fan | |

I understand the weatherization, energy conservation, and health and safety work scheduled to be completed on my home. However, I understand that the weatherization and energy conservation work that will be completed is **dependent on a cost analysis to be completed by _____**. I agree to have **ALL** of the work listed above that is determined cost effective by the Weatherization Assistance Program to be completed on my home. I understand that by declining one or more of the items on the list above I may not receive Weatherization work on my dwelling. Any changes to the list above will be communicated to me by _____.

I understand that by signing this agreement that I must provide representatives of _____ and representatives of its funding sources including the Minnesota Department of Commerce and the U.S. Department of Energy, access to the dwelling unit(s) to inspect the work performed under this agreement for a period of one year from completion of the work.

I acknowledge that the appeals process for weatherization work has been explained to me by the energy auditor.

I understand the weatherization program requires multiple visits to my home and I agree to provide access to all auditors, contractors and/or crews, and inspectors as necessary.

Client Signature (required)

Date

Service Provider Representative Signature (required)

Date