

WEATHERIZATION SERVICE AGREEMENT – AUDIT EVENTS

This is an agreement between _____ and _____
[Service Provider] [Client]

Client Address _____ Client ID# _____

[Service Provider] 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. Re-vent the existing kitchen / bath fan |
| 2. Insulate the attic(s) | 16. Install smoke / CO alarms |
| 3. Insulate exterior walls | 17. Re-vent 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. Solar energy measures _____ |
| 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. I understand that the weatherization and energy conservation work that will be completed is **dependent on a cost analysis completed by** [Service Provider]. I agree to have **ALL** 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 [Service Provider].

I understand the weatherization program may require multiple visits to my home and I agree to provide access to all auditors, contractors and/or crews and inspectors as necessary. I understand there is a chance for potential changes in appearance, operation and performance of my home. By signing this agreement, I agree to the following:

1. the [Service Provider] may release my name and address to contractors and/or sub-contractors for the limited purpose of completing the necessary work above and/or acquiring bids for the work needed above, and;
2. to provide representatives of the Service Provider and representatives of its funding sources, including the Minnesota Department of Commerce, 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.

Property Owner Signature (required)

Date

Service Provider Representative Signature (required)

Date