WX-910
(REV. 06/20)

Kentucky Housing Corporation
Weatherization Assistance Program

REQUEST TO EXCEED / FUEL CHANGE REQUEST:

Applicants Name: _____ **Job No.** _____

Applicants Address: _____ **Phone No:** _____

Service Provider: _____ **Phone No:** _____

Funding Source: (Check One)   **DOE** ☐ **LIHEAP** ☐ **BRAIDED** ☐

REQUEST TO EXCEED / FUEL CHANGE REQUEST
(To Be Completed by Service Provider)
Only to be submitted when total cost exceeds maximum cost limitation standards.

		Service Cost				

			LABOR	**MATERIALS**		**TOTAL**
☐YES ☐NO	**Exceed Health & Safety Max Cost**	**DOE** — **Reg WX**	_____	+ _____	=	_____
☐YES ☐NO	**Exceed Reg. WX Max Cost**		+	+		+
☐YES ☐NO	**Water Heater Change**	**H&S**	_____	+ _____	=	_____
☐YES ☐NO	**Fuel Change Within Max Cost**		+	+		+
		LIHEAP — **Reg WX**	_____	+ _____	=	_____
			+	+		+
		H&S	_____	+ _____	=	_____
			=	=		=
		TOTAL	_____	+ _____	=	_____

Existing Fuel Type	Switch to Fuel Type
☐ Electric	☐ Electric
☐ Nat Gas	☐ Nat Gas
☐ Propane	☐ Propane
☐ Coal	☐ Coal
☐ Wood	☐ Wood
☐ Other	☐ Other

Water Heater Change Request ONLY

	LABOR	**MATERIAL**		**TOTAL**
DWH	_____	+ _____	=	_____

Service Provider Signature: _____ **Date:** _____

Request Justification (include copy of work order): _____

_____
_____
_____
_____
_____

KHC WX Approval
(To Be Completed by KHC WX Staff)

This certifies justification for request was rec'd

on _____/_____/_____, and is expected to
   (month)   *(day)*   *(year)*
be performed in accordance with the contract specifications.

☐ **Approved**

☐ **Not Approved**

☐ **Justification attached**

HCA Representative: _____ **Date:** _____

Weatherization Monitor: _____ **Date:** _____

KHC | Kentucky Housing Corporation
Investing in quality housing solutions.