

Kentucky Housing Corporation
(Weatherization)

REQUEST FOR DOMESTIC WATER HEATER REPLACEMENT:

Applicants Name: _____ Job No. _____
Applicants Address: _____ Phone No: _____
Service Provider: _____ Phone No: _____

REQUEST FOR DOMESTIC WATER HEATER REPLACEMENT:
(To Be Completed by Subgrantee)

DWH fuel type: NATURAL GAS ELECTRIC PROPANE
Dwelling Type: Stick Built Manufactured

If Natural Gas or Propane:

Location (or room) of DWH: _____

Is DWH in a confined space? _____

CAZ Cubic Footage: _____

Input KBTU's of DWH (or combined appliances in CAZ): _____

Funding Source: (Check One) Formula BIL LIHEAP BRAIDED

Labor Materials Total
 + =

Request Justification:

(Pictures must be provided for all DWH replacement request.)

Service Provider Signature: _____ Date: _____

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

This certifies justification for request was rec'd
on _____ / _____ / _____ and is expected to
be performed in accordance with the contract specifications.

Approved
 Not Approved

WX Monitor Signature: _____ Date: _____