

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 BIL 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.****

<input type="checkbox"/> YES <input type="checkbox"/> NO	Exceed Health & Safety Max Cost
<input type="checkbox"/> YES <input type="checkbox"/> NO	Exceed Reg. WX Max Cost
<input type="checkbox"/> YES <input type="checkbox"/> NO	Fuel Change Within Max Cost
Existing Fuel Type	
<input type="checkbox"/> Electric	<input type="checkbox"/> Electric
<input type="checkbox"/> Nat Gas	<input type="checkbox"/> Nat Gas
<input type="checkbox"/> Propane	<input type="checkbox"/> Propane
<input type="checkbox"/> Coal	<input type="checkbox"/> Coal
<input type="checkbox"/> Wood	<input type="checkbox"/> Wood
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Service Cost

	LABOR	MATERIALS	TOTAL
DOE/BIL	Reg WX	+ [] = []	[]
	H&S	+ [] = []	[]
LIHEAP	Reg WX	+ [] = []	[]
	H&S	+ [] = []	[]
	TOTAL	+ [] = []	[]

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 be performed in accordance with the contract specifications.

- Approved
- Not Approved
- Justification attached

HCA Representative: _____ Date: _____

Weatherization Monitor: _____ Date: _____

****If actual expenses exceed 10% of the approved WX-910, a revised WX-910 should be submitted for approval****