

Kentucky Housing Corporation

WX-WR

Weatherization Assistance Program

Weatherization Ready Repair Program Request:

Applicants Name:

Job No.

Applicants Address:

Phone No.

Subgrantee:

Phone No.

Please select repair(s) or deferral reason(s):

- Asbestos
- Electrical
- Mold & Moisture
- Pest Infestation
- Roof Repair
- Sanitary Problems
- Structural
- Plumbing
- Other:

Input labor and material amounts for repair type.

REPAIR TYPE	FUNDING	LABOR	MATERIALS	TOTAL

Include a short narrative describing the need for the request.

Request Justification:

Service Provider Signature:

Date:

Required supporting documentation:

- WX-WR Request form
- Audit
- Scope of work
- Quote/Estimate for repairs (may require a licensed contractor)
- Photos

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

This certifies justification for request was received on ____/____/____, and is expected to be performed in accordance with the contract specifications.

Approved
Not Approved

KHC WX Representative:

Date:

