WX-DWHR
(REV. 1/2024)

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:**_____