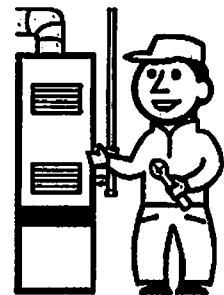


NORTHEAST IOWA COMMUNITY ACTION CORPORATION

# IOWA WEATHERIZATION ASSISTANCE PROGRAM

Listed below are the projects that may be completed in your home:

- |  |   |                             |                                  |
|--|---|-----------------------------|----------------------------------|
| 1.) Furnace Tune and Clean             | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 2.) Furnace Repair                     | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 3.) Furnace Replacement                | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 4.) Water Heater repair                | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 5.) Water Heater Replacement           | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 6.) Exchange Refrigerator              | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 7.) Exchange Freezer                   | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 8.) Sidewall Insulation                | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 9.) Attic Insulation                   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 10.) Kneewall Insulation               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 11.) Bandjoist Insulation              | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 12.) Crawlspace Insulation             | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 13.) Underbelly Insulation             | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | PENDING <input type="checkbox"/> |
| 14.) Suspended Ceiling: _____          |   |                             |                                  |
| 15.) Venting: <u>basement fan</u>      |   |                             |                                  |
| 16.) Weatherstrip Door: <u>2 ext.</u>  |   |                             |                                  |
| 17.) Replace Door: _____               |   |                             |                                  |
| 18.) Replace Window: _____             |   |                             |                                  |
| 19.) Health and Safety Measures: _____ |   |                             |                                  |



Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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