ENERGY OFFICE
STATE OF NEBRASKA
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State of Nebraska Weatherization Assistance Program

Client Health and Safety Consent Form

FORM
WX6

Agency

☐BVCAP ☐CAPLSC ☐CAPMN ☐CAPWN ☐CNCS ☐NENCAP ☐NWCAP ☐SENCA

Client Name: | Job Number:

Address: | City: | Phone Number:

HEALTH AND SAFETY ASSESSMENT CONSENT

The Health & Safety of the home/building, the occupants or the Weatherization providers shall not be compromised by any material, technique or practice. To ensure Health & Safety, relevant assessments of the home/building must be conducted as part of the building analysis. Based on these Health & Safety Assessments the Weatherization Program provider will make a determination regarding whether there are any existing Health & Safety concerns that may result in a delay or deferral of Weatherization services.

I have read (or had explained) the above statements and I consent to permit the Weatherization program provider to enter my property and perform the required Health & Safety assessments.

Sign Here ▶ Client Signature _____ Date _____

▶ Agency Representative Signature _____

CONSENT TO PERFORM WORK

This is a program funded by the U.S. Department of Energy to provide assistance to low income homeowners by making their homes more energy efficient. The goal of the program is to help low income people reduce their fuel bills by lowering their energy consumption. It is a onetime only service and the work performed is of a permanent nature. After final inspection, the measures implemented become my personal property and it is my responsibility to maintain and repair installed measures to keep the building systems in working condition.

I have read (or had explained) the above statements and I consent to permit the Weatherization program provider enter my property and perform these services on my home.

Sign Here ▶ Client Signature _____ Date _____

▶ Agency Representative Signature _____

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