

Weatherization Client Questionnaire

1229 Millwork Ave., Suite 402 Omaha, NE 68102-4277 P: 402.342.8232 UnitedWayMidlands.org

Phone:_____

Full Name:		Phone:					
Addr	ess:	Date:					
1	Do you own or rent your home? (Circle One)	Rent Own					
Hov	How long?						
2	How many people live in the Household?						
3	What is the total annual household income for everyone 19yrs or older?						
4	Are you able to provide proof of income for everyone in the household 19yrs or older?	Yes No					
5	Have you received Weatherization in the last 15 years?	Yes	No				
If ye	If yes, how long ago?						
6	Are you a legal citizen of the United States?	Yes	No				
7	Is there any pest/rodent activity in your home?	Yes	No				
If y€	es, what type?						
8	Do you have accumulated stuff inside or around exterior walls?	Yes	No				
If ye	es, please describe?						
9	Is there overgrown brush around your house?	Yes	No				
10	Do you have excess moss and or debris on your roof or gutters?	Yes	No				
If Ro	pof, please describe?		,				
If G	utters, please describe?						
11	1 Are there any animal droppings inside or around the exterior Yes of the home?		No				
If yes, please describe?							
12	2 Are there any Health and Safety issues? Yes No						
If yes, please describe?							
13	Is there any missing siding on the home?	Yes	No				





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If yes, where?					
14	Do you have rotting floors?	Yes	No		
If yes, please describe?					
15	Are there any open electrical wires?	Yes	No		
If yes, where?					





State of Nebraska Weatherization Assistance Program

Weatherization Client Questionnaire

OPTIONAL	
FORM	
WX13	

Agency:	□BVCAP	□CAPLSC	□CAPMN	□CN	CAP	יט□	WM	□NENCAP	□NWCAP	□SENCA
Client Nam	e:						Date:		Email Address:	
Client Address:						City:		Phone Number	:	
INSPECTION REQUIREMENTS										
		Question			Yes	No		Re	marks	
1. Does	s your home h	ave broken glass i	n windows and do	ors?						
2. Does	s your home h	ave foundation pro	oblems?							
3. Do y	ou have a bas	ement or a crawl	space?							
	e outside of yo vork on your h	our home free of do ome?	ebris so that a cor	ntractor						
	s your roof lea roof leak?	k or is there physi	cal damage to the	inside						
	e access to wi home?	ndows, doors, atti	c etc. free on the	nside						
7. Are y	you in the proceling your hom	ess of remodeling ie in the near futur	ı or do you plan or e?	1						
	any parts of yof f repairs?	our ceilings, walls	or floors incomple	te or in						
9. Do y	ou have any b	roken or leaking w	vater or sewer line	s?						
10. Do	es water leak/s	stand in the basen	nent or crawlspace	э?						
11. If m		the underbelly fre	ee of debris and/or	stand-						
12. Hav		mold/mildew grov	wing on windows,	walls						
13. Do	you use your	attic for storage?								
14. Do	es your furnac	e work?								
15. Are any utilities turned off by the utility companies?										
16. Do	you have pets	in the house?								
17. Do place?	you have any	type of wood, pelle	et, corn stove, or f	ire						
Federa		I for sale or do you cal program design nce?								
				В	UILDIN	G DETA	ILS			
19. Water		□ Gas	□ Electric				Cooling system			.2
20. Cook		□Gas	□ Electric			25.	□ 1	nditioning is used, ho	ow many do you nave ⊒3	: :
•	ou have a:	□ Breaker	☐ Fuse box			26.		pit in your home?		
☐ Ford				Vented Co		27.	☐ YES Does your hom ☐ YES	□ NO e have an active rado □ NO	on mitigation system	nstalled?
23. □ I u	nderstand that t	he decisions concer	ning material type ar	nd quantity	v shall be	the resp	onsibility of the	Agency providing the	e service. The deter	mination for the

type of work to be implemented on your home is solely based on the completion of an inspection and an energy audit that assesses how much money can be saved with implementation and work provides a cost-effective savings-to-investment ratio (SIR).