

## Weatherization Client Questionnaire

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

Full I	Name:	Phone:				
Addr	ress:	Date:				
1	Do you own or rent your home? (Circle One)	Rent	Own			
Hov	v long?		l			
2	How many people live in the household?	Adults	Children			
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 y	es, 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			
•	es, what type?					
8	Do you have accumulated stuff inside or around exterior walls?	Yes	No			
If yo	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 R	oof, please describe?					
If G	utters, please describe?					
11	Are there any animal droppings inside or around the exterio of the home?	r Yes	No			
If yo	es, please describe?					
12	Are there any Health and Safety issues?	Yes	No			
If yo	es, 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	

A											
Agency:	□BVCAP	□CAPLSC	□CAPMN	□CN	CAP	□U	WM	□NENCAP	□N\	WCAP	□SENCA
Inspector N	Name:						Date:		Jol	b Number:	
Client Nam	ne & Address:						City:		Pho	one Number:	
				INSPE	CTION	REQUIR	EMENTS				
		Question			Yes	No		R	Remarks		
1. Does	s your home h	ave broken glass	s in windows and d	oors?							
2. Does	s your home h	ave foundation p	oroblems?								
3. Do y	ou have a bas	sement or a craw	I space?								
	e outside of your h		debris so that a co	ntractor							
	s your roof lea	ak or is there phys	sical damage to the	e inside							
	e access to w home?	indows, doors, at	ttic etc. free on the	inside							
		cess of remodelir	ng or do you plan o ure?	n							
	any parts of yof repairs?	our ceilings, walls	s or floors incomple	ete or in							
9. Do y	ou have any b	oroken or leaking	water or sewer line	es?							
10. Do	es water leak/	stand in the base	ement or crawlspace	e?							
11. If m		the underbelly f	ree of debris and/c	or stand-							
12. Hav		d mold/mildew gro	owing on windows,	walls							
13. Do	you use your	attic for storage?	1								
14. Do	es your furnac	e work?									
15. Are	any utilities t	urned off by the ι	utility companies?								
16. Do	you have pets	s in the house?									
17. Do place?		type of wood, pe	llet, corn stove, or	fire							
Federa	he home listed II, State, or Lo ition or cleara	cal program desi	ou have any knowle gnation of your ho	me for							
				В	UILDIN	G DETA	ILS				
19. Wateı	r heater:	□ Gas	☐ Electric				Cooling system:		□Windov		
20. Cook		□Gas	☐ Electric			25.	If window air cond ☐ 1	ditioning is used, f □2	how many d □3	o you have? □4	
21. Do yo	ou have a:	☐ Breaker	☐ Fuse box			26	. Is there a sump p	oit in your home?	_ •		
□ Ford □ Wal	I Furnace □ V	Vood Stove ☐ Ele	ectric Baseboard	Vented C Unvente	d Heater		☐ YES Does your home ☐ YES	□NO	· ·	•	
23 🗆 Lu	nderstand that t	he decisions conce	erning material type a	nd quantit	v chall he	the reer	oneihility of the A	gency providing t	the service	The determ	ination for the

23. I understand that the decisions concerning material type and quantity shall be the responsibility of the Agency providing the service. The determination 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).