

Client Questionnaire

Agency: _____ Date: _____ Building ID# _____
 Inspector: _____ Customer _____
 Home/Unit Address _____

| Question | Resident Answer | Comments/ recorders initials |
|--|-----------------|------------------------------------|
| Where do you store cleaning products or other chemicals? | | |
| Does any part of your home have moisture problems? | | |
| Does anyone in the household have unexplained headaches, itchy eyes, sinus problems, or dizziness? | | |
| Do you have any unusual, unexplained odors or smells? | | |
| Do you have any problems with pests or rodents? Any beehives, etc.? | | |
| Does your home have any structural problems, roof leaks, or large exposure to the outdoors? | | |
| Do you or any members of the home have any health problems or medical conditions? | | |
| Is there anything in your home that is of particular concern to you health-wise? | | |

+++++
 Do not write below this line. For official assessor use only

Home Inspection Checklist

Agency: _____ Date: _____ Building ID# _____
 Inspector: _____ Customer _____
 Home/Unit Address _____

| Appliances and Mechanical Systems | Comments | Recommendation |
|--|----------|----------------|
| Heating System | | |
| Water heater - properly vented; tank leakage | | |
| Electrical System - adequate service; grounded properly; exposed wires/ or connections | | |
| Plumbing Facilities - water supply or drain leak; unsanitary conditions | | |
| Appliances - gas leaks; poor electrical connections; CO | | |
| Specify Other: | | |

Continue to other side...

| Indoor Air Quality <i>If mold is present, the unit must be deferred.</i> | Comments | Recommendation |
|--|-----------------|-----------------------|
| Moisture Problems: drainage, water leaks. | | |
| Standing Water in low areas | | |
| Friable Asbestos: Material that may be asbestos exposed in living area | | |
| Ventilation | | |
| Specify Other: | | |

| Structural Hazards | Comments | Recommendation |
|--|-----------------|-----------------------|
| Roof Condition | | |
| Wall Condition | | |
| Foundation Condition | | |
| Floor Condition | | |
| Ceiling Condition | | |
| Interior and Exterior Stairways | | |
| Window and Door Condition | | |
| Smoke Detectors -one per floor in working order | | |
| Lead Paint - peeling paint that may contain lead | | |
| Other: | | |

Health and Safety Inspection Checklist

Based on our initial review of your building, we have identified the above potential health or safety problems. This is a limited visual inspection. These are the existing conditions as of the date below. By signing below, I acknowledge that I have been informed of the conditions and may have to address some of the items prior to any weatherization work.

Customer/Tenant Signature: _____ Date: _____

Owner Signature: _____ Date: _____
(If different from customer)

Agency Representative: _____ Date: _____

Unified Weatherization Elements Notification Form

Lead Hazard

Occupant Confirmation

Pamphlet Receipt - I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

_____ Declined – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

_____ Unavailable for signature – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Signature

Date

***Note Regarding Mailing Option** — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

Identification of a Mold-Like Substance

The Weatherization Assistance Program is not a mold remediation program. The use of DOE funds for mold testing is not an allowable weatherization cost. However, limited water damage repairs that can be addressed by weatherization workers and correction of moisture and mold-creating conditions are allowed when necessary in order to weatherize the home and to ensure the long term stability and durability of the measures. Where severe mold-like and moisture issues cannot be addressed, a deferral is required. If necessary, weatherization services may need to be delayed until the existing problem(s) can be resolved.

_____ A Mold-Like Substance HAS Been Detected

_____ A Mold-like Substance was NOT Detected with the Monitoring Equipment Present

Agency Auditor / Estimator signature

Date _____

State Historic Preservation

___ The unit to be weatherized is not subject to the State Historic Preservation requirements as per the MOU.

___ The unit requires formal submission to the State Historic Preservation Office for review and approval.

Subrecipient Representative signature

Date _____

TDHCA Radon Informed Consent Form

Weatherization achieves energy and cost savings and improved comfort, health, and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, [Building Assessment of Radon Reduction Interventions with Energy Retrofits Expansion \(BEX\) Final Report \(ORNL/TM- 2020/1769\)](#): “There is a small risk of increased radon levels in homes when the building air tightness levels are improved. The study results show that current practices have produced substantial benefit compared to previous practices, and that there are no statistically significant changes in indoor radon levels on the lowest living levels with these practices”. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site-built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Precautionary Measures: Precautionary measures indicated below will be installed as part of weatherization:

- Cover exposed dirt floors within the pressure/thermal boundary with a sealed soil gas retarder
- Cover sump well/pits with airtight covers
- Implement ventilation as required by ASHRAE 62.2-2016
- Other: _____
- Other: _____
- Other: _____
- Other: _____

I am aware that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases.

I have received the Environmental Protection Agency’s (EPA’s) “A Citizen’s Guide to Radon,” and radon-related risks were discussed.

I have chosen to go forward with weatherization and accept all risks of injury or damages. I have carefully read this informed consent form and have signed it of my own free will.

Site Address: _____

Client Printed Name: _____

Client Signature: _____ Date: _____

Subgrantee Representative Printed Name: _____

Subgrantee Representative Signature: _____