

**Energy Assistance Program - Emergency Repair and Replace Checklist**

**Household Information**

Head of Household: \_\_\_\_\_ Application Key: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: IN Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**Physical Assessment**

Date of assessment: \_\_\_\_\_  
 Who conducted the assessment? \_\_\_\_\_  LSP staff  Subcontractor  
 What is the primary heating fuel? \_\_\_\_\_ If gas, do you smell gas?  Yes  No  N/A  
 What is the dwelling's primary heating source? \_\_\_\_\_  
 How old is the heating source? \_\_\_\_\_ years Is primary heating source operational?  Yes  No  
 If no, describe problem: \_\_\_\_\_  
 Does dwelling have electrical service to operate the primary heating source?  Yes  No  
 Is the ductwork installed properly?  Yes  No  
 Is there a health and safety issue present?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**Inspector Recommendation**

No service required  Repair\*  Replacement\*  
 If repair or replacement, is a building permit required?  Yes  No  
 If replacement, proposed new unit efficiency: \_\_\_\_\_ %  
 \*Attach estimate and supporting documentation if applicable

***For Office Use Only***

**LSP Action Taken**

No service required  Repair  Replacement (***attach invoice for repair or replacement***)  
 IHCD Special Permission (***attach documentation***)

Repair/replacement completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Final inspection completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_  N/A

\_\_\_\_\_  
 EAP Manager or Designee Name Job Title

\_\_\_\_\_  
 Signature Date