

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

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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