

## 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