



Indiana Housing & Community Development Authority

**Indiana Weatherization Assistance Program
MULTI-FAMILY PROJECT DEVELOPMENT FORM - Attachment 1**

Please complete this entire form and be sure to include all necessary attachments and photos.

Sub-grantee Name: _____

Person(s) completing this form: _____

Property Information

Name of building (if available): _____ Year built: _____

Building Address: _____

Municipality: _____ County: _____ Zip Code: _____

Building Owner: _____

Phone number: _____ Email: _____

Property Manager: _____

Phone number: _____ Email: _____

Building Superintendent/Maintenance: _____

Phone number: _____ Email: _____

Is this a HUD property: Yes No

Primary heating source: _____

Secondary heating source: _____

Project Information

Funding Source(s): DOE WAP LIHEAP OTHER: _____

Number of Units: _____ Number of eligible units: _____

Percent of eligible units: _____ Number of different floor plans: _____

Above grade stories: _____ Below grade stories: _____

Estimated start date: _____ Estimated Completion date: _____

Common Areas: YES NO Describe: _____

Energy Auditor(s) for project: _____

Quality Control Inspector(s) for project: _____

Has the Historic Preservation status of this property been evaluated: Yes No

If no, when will this be evaluated: _____

Does this project require Historic Preservation review from SHPO: Yes No

If yes, has it been submitted to IHCD: Yes No If no, when will this be submitted: _____

Are lead safe work practices required: Yes No

Attachments

By checking the boxes below I confirm the following required documents are attached to this form.

- Certification and training documentation for all Energy Auditors and Quality Control Inspectors working on this project
- Detailed estimated time frame for the entire project including all project milestones
- Photos of the property
- Multi-family Qualifying Dwelling Units and Eligibility Worksheet
- Scope of work
- Multi-family Required Reading Sign-off Form(s)
- Owner Contribution (when applicable)



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**Indiana Weatherization Assistance Program
Multi-family Owner Contribution Form (when applicable)**

Property name and address: _____

Description of Work Item(s)	Estimated Materials Costs	Estimated Labor Costs
Building Owner Monetary Contribution (optional)		
Estimated Totals:		
Estimated Combined Total:		

Building Owner Signature: _____ Date: _____