

Iowa Weatherization Program

Agency Name: _____	Date _____
Agency Contact Person: _____	Phone Number: _____
Client Name: _____	
File Number: _____	
Address: _____	City, Zip: _____
Phone Number: _____	SIR: _____

	Material Cost:	Labor Cost:	Total Cost:
Flat Rate			
Non Flat Rate			
General Health & Safety Repair (max \$3,000)			
TOTAL:			

All pictures pertaining to the work to be done
Data Collection/Inspection Form
NEAT/MHEA Input
NEAT/MHEA Recommended Measures
Flat Rate workbook (does not apply to crew-based agencies)

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Iowa WAP: ☐ Approved ☐ Denied Reviewed By: _____

Notes: _____