Fuel Switching Request

Iowa Weatherization Assistance Program

This form should be used when requesting approval to switch fuel sources in a dwelling.
By sending this request, the agency is certifying the client agrees to the fuel switch and has signed a statement from the agency confirming the agreement. If the switch is due to health and safety and results in converting to a higher cost fuel, the agency has explained this to the client.

Agency Name: _____ Date: _____

Agency Contact Person: _____ Phone: _____

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number: _____

Appliance
(one request per appliance)
- ☐ Furnace
- ☐ Water Heater

Reason for Fuel Switch
- ☐ Cost-Effectiveness

Fuel Type/Costs
Current Fuel Type: Choose Fuel Type
Proposed Fuel Type: Choose Fuel Type
Estimated Additional Cost to Switch Fuel: _____

Reason for fuel switch *(approval will not be given without an explanation)*:

WAP Review

WAP Approval: ☐ Yes ☐ No Date: _____

Reviewed By: _____

Notes: _____

Please keep a copy in the client house file

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