NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS Division of Housing and Community Resources

Health and Safety Deferral Notice			
Client Name:			
ddress: Job# ate of Assessment: (Notice must be provided to client within 7 days of a			
on your home under the New Jers	n(s) represent all identified reasons for d ey Weatherization Assistance Program rected as described below (see Home H conditions):	(NJ WAP). NJ WAP work cannot	
Description of Condition	Correction Required for Wx	Potential Referral Assistance	
conditions are resolved. Correct requirements, and may require co your home. Please inform us w	e items with WAP program funds or rections must be performed in a professional properties ompletion by a licensed professional prohen the corrections are complete and Program eligibility will need to be rections.	sional manner and meet local code rior to NJ WAP continuing work in we will send program staff to your	
I hereby understand and have bee	n informed of my rights and options.		
Client's Printed Name:			
Client's Signature.		Date:	

If you feel this determination is in error, you may appeal within ten (10) business days to the agency Director, providing an explanation and support documentation for why weatherization should continue in your home.