

Client Questionnaire

Agency: _____ Date: _____ Building ID# _____
 Inspector: _____ Customer _____
 Home/Unit Address _____

Question	Resident Answer	Comments/ recorders initials
Where do you store cleaning products or other chemicals?		
Does any part of your home have moisture problems?		
Does anyone in the household have unexplained headaches, itchy eyes, sinus problems, or dizziness?		
Do you have any unusual, unexplained odors or smells?		
Do you have any problems with pests or rodents? Any beehives, etc.?		
Does your home have any structural problems, roof leaks, or large exposure to the outdoors?		
Do you or any members of the home have any health problems or medical conditions?		
Is there anything in your home that is of particular concern to you health-wise?		

++++
 Do not write below this line. For official assessor use only

Home Inspection Checklist

Agency: _____ Date: _____ Building ID# _____
 Inspector: _____ Customer _____
 Home/Unit Address _____

Appliances and Mechanical Systems	Comments	Recommendation
Heating System		
Water heater - properly vented; tank leakage		
Electrical System - adequate service; grounded properly; exposed wires/ or connections		
Plumbing Facilities - water supply or drain leak; unsanitary conditions		
Appliances - gas leaks; poor electrical connections; CO		
Specify Other:		

Continue to other side...

Indoor Air Quality <i>If mold is present, the unit must be deferred.</i>	Comments	Recommendation
Moisture Problems: drainage, water leaks.		
Standing Water in low areas		
Friable Asbestos: Material that may be asbestos exposed in living area		
Ventilation		
Specify Other:		

Structural Hazards	Comments	Recommendation
Roof Condition		
Wall Condition		
Foundation Condition		
Floor Condition		
Ceiling Condition		
Interior and Exterior Stairways		
Window and Door Condition		
Smoke Detectors -one per floor in working order		
Lead Paint - peeling paint that may contain lead		
Other:		

Health and Safety Inspection Checklist

Based on our initial review of your building, we have identified the above potential health or safety problems. This is a limited visual inspection. These are the existing conditions as of the date below. By signing below, I acknowledge that I have been informed of the conditions and may have to address some of the items prior to any weatherization work.

Customer/Tenant Signature: _____ Date: _____

Owner Signature: _____ Date: _____
 (If different from customer)

Agency Representative: _____ Date: _____

Unified Weatherization Elements Notification Form

Lead Hazard

Occupant Confirmation

Pamphlet Receipt - I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed Name of Owner-occupant

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

_____ **Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

_____ **Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Signature

Date

***Note Regarding Mailing Option** — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

Identification of a Mold-Like Substance

The Weatherization Assistance Program is not a mold remediation program. The use of DOE funds for mold testing is not an allowable weatherization cost. However, limited water damage repairs that can be addressed by weatherization workers and correction of moisture and mold-creating conditions are allowed when necessary in order to weatherize the home and to ensure the long term stability and durability of the measures. Where severe mold-like and moisture issues cannot be addressed, a deferral is required. If necessary, weatherization services may need to be delayed until the existing problem(s) can be resolved.

_____ A Mold-Like Substance HAS Been Detected

_____ A Mold-like Substance was NOT Detected with the Monitoring Equipment Present

Agency Auditor / Estimator signature

Date _____

State Historic Preservation

___ The unit to be weatherized is not subject to the State Historic Preservation requirements as per the MOU.

___ The unit requires formal submission to the State Historic Preservation Office for review and approval.

Subrecipient Representative signature

Date _____

Mold-Like Substance Notification and Release Form for Texas Weatherization Programs

Biological growth, such as mold, can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present. In addition, if there are moisture problems – causes include water leaks or activities of people, or the present of pets, plants, or fish aquariums – then biological growth can occur. A weatherization inspection includes a visual check for mold-like substances. This is not an inspection for mold or any biological growth. The person making this weatherization evaluation is not a licensed mold assessor or biological growth inspector. Testing and identification of specific molds or biological growth is beyond the scope of this program and we are not liable for mold or biological growth that was not found during this inspection.

During a home weatherization inspection on _____ (date), our personnel identified a possible mold-like substance in the following area(s) of your home located at _____ (address):

- | | | |
|---|---|---|
| <input type="checkbox"/> Living/Bedroom Areas | <input type="checkbox"/> Bathroom Areas | <input type="checkbox"/> Kitchen Areas |
| <input type="checkbox"/> Laundry Areas | <input type="checkbox"/> Combustion Areas | <input type="checkbox"/> Attic Areas |
| <input type="checkbox"/> Crawlspace Areas | <input type="checkbox"/> Basement Areas | <input type="checkbox"/> Other Location |

Describe Location: _____

The size (contiguous area) of the mold-like substance was determined to be:

- Under 25 square feet 25 square feet or greater

It is important to note that in Texas only a Licensed Mold Assessor can definitively determine if the mold-like substance is mold. If the area of concern is greater than 25 contiguous square feet then it is recommended that the owner or managing agent consider employing a Licensed Mold Assessor for a definitive determination. It is also recommended that actual remediation of mold (if that is the determination) be accomplished by a Licensed Mold Remediator. However, the owner or managing agent can choose to do the remediation themselves.

Musty or odd odors are possible indicators that there may be hidden mold or mold-like substances in the home.

Moldy or Musty Odors Are present Are not present

Weatherization agencies are limited in their ability to remedy moisture problems, but some actions associated with a cost effective energy saving measure may be taken to reduce moisture problems. We will take the following measures that may help to resolve existing moisture problems:

- _____
- _____
- _____
- _____

Check and Sign One of the Following Disclaimers

Pre-Weatherization Conditions Disclaimer: By signing below, I acknowledge that I have received information that there is a possible mold-like substance in my home existing prior to any weatherization work being done. I agree to hold the agency performing weatherization harmless for any future moisture or biological growth problems that are not associated with the weatherization work. I understand weatherization work on my home may be delayed or denied until one of the below options is selected and accomplished. Choose one:

- I authorize the weatherizing agency and their contractors to remove the mold-like substance (only possible if the size is less than 25 contiguous square feet).
- I will take steps to reduce moisture conditions and remediate the mold-like substance on my own.
- I intend to employ a Licensed Mold Assessor to evaluate the mold-like substance in my home. If more than 25 contiguous square feet of mold is present, I may then remediate it on my own or hire a Licensed Mold Remediator to do so.

Weatherization Client

Date

Agency Auditor / Estimator

Date

Weatherization Deferral Disclaimer (if required based on conditions in the home): By signing below, I acknowledge that I have been notified that the agency performing the weatherization assessment cannot cost effectively weatherize my home because of existing conditions that may contribute to mold or moisture and that weatherization work must be deferred until the condition is remedied.

Weatherization Client

Date

Agency Auditor / Estimator

Date

TDHCA Radon Informed Consent Form

Weatherization achieves energy and cost savings and improved comfort, health, and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, [Building Assessment of Radon Reduction Interventions with Energy Retrofits Expansion \(BEX\) Final Report \(ORNL/TM- 2020/1769\)](#): “There is a small risk of increased radon levels in homes when the building air tightness levels are improved. The study results show that current practices have produced substantial benefit compared to previous practices, and that there are no statistically significant changes in indoor radon levels on the lowest living levels with these practices”. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site-built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Precautionary Measures: Precautionary measures indicated below will be installed as part of weatherization:

- Cover exposed dirt floors within the pressure/thermal boundary with a sealed soil gas retarder
- Cover sump well/pits with airtight covers
- Implement ventilation as required by ASHRAE 62.2-2016
- Other: _____
- Other: _____
- Other: _____
- Other: _____

I am aware that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases.

I have received the Environmental Protection Agency’s (EPA’s) “A Citizen’s Guide to Radon,” and radon-related risks were discussed.

I have chosen to go forward with weatherization and accept all risks of injury or damages. I have carefully read this informed consent form and have signed it of my own free will.

Site Address: _____

Client Printed Name: _____

Client Signature: _____ Date: _____

Subgrantee Representative Printed Name: _____

Subgrantee Representative Signature: _____