

Home Energy Assistance Program Heating Equipment Repair/Replacement Job Proposal

Company Name	Contact Name and Telephone Number
--------------	-----------------------------------

CUSTOMER	Name	Customer Account Number
	Address	Telephone Number

CURRENT EQUIPMENT DIAGNOSIS	Current Heating System	Make/Model	BTU	
		System Type	Fuel Type	
	Thermostat	<input type="checkbox"/> Digital	<input type="checkbox"/> Dial	<input type="checkbox"/> Programmable
		Other (Describe)		
		Is the current system repairable? Explain in diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Is the current heating system operable? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain in diagnosis.		
		Does the dwelling have an operable carbon monoxide detector less than 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain in diagnosis.		
		CHECKLIST:		
		<input type="checkbox"/> Fuel supply, line, valves, electrical wiring and switches are operable up to code and leak free.		
		<input type="checkbox"/> Heating system base existing and in good usable condition.		
	<input type="checkbox"/> Return air supply adequate for proper combustion.			
	<input type="checkbox"/> Ductwork/Distribution system:	<input type="checkbox"/> Constructed of code compliant material	<input type="checkbox"/> Free of blockage and leaks	
	<input type="checkbox"/> Flue stack pipe and chimney:	<input type="checkbox"/> Constructed of code compliant material	<input type="checkbox"/> Free of blockage	
		<input type="checkbox"/> Well connected	<input type="checkbox"/> Properly pitched	
	<input type="checkbox"/> Hot water heater:	<input type="checkbox"/> Properly exhausted with adequate drafting		
	Additional information/diagnosis			

JOB PROPOSAL

EQUIPMENT	<input type="checkbox"/> Replace Primary Heating Equipment
	Proposed Make/Model _____ Efficiency Rating: ____ Energy Star or ____%. If high efficiency not available, please note reason.
	BTU rating _____ must be based on conditions specific to this dwelling.
	System Type _____ Fuel Type _____
	<input type="checkbox"/> Repair Primary Heating Equipment
Programmable Thermostat	<input type="checkbox"/> Yes <input type="checkbox"/> No, customer already has one <input type="checkbox"/> No, customer declined
CO Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No, customer already has one less than 5 years old

JOB PROPOSAL, CONTINUED

JOB SCOPE	
------------------	--

Equipment and Parts in Stock <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Work Start Date:
--	----------------------------------

WARRANTY	Warranty Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer Years	Parts Years	Workmanship Years
	Contractor Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Labor Years		Additional Coverage

Vendor must register all equipment warranties with the manufacturer and provide copies to the customer.

COST	Carbon Monoxide Detector	\$
	Programmable Thermostat	\$
	Other Parts (list)	\$
	Other Parts (list)	\$
	Other Parts (list)	\$
	Other Parts (list)	\$
	Other Parts (list)	\$
	Other Parts (list)	\$
	Other Parts (list)	\$
	Building Permit	\$
	Unit Cost	\$
	Labor Cost	\$
	Local Sales Tax (if applicable)	\$
Total Proposed Costs	\$	

ON SITE INSPECTION CERTIFICATION:

I certify that an onsite inspection of my heating system was conducted by _____

Customer Signature: _____ **Date:** _____

VENDOR NAME

I certify that a complete onsite inspection of the heating system at the above address was conducted based on a full understanding and knowledge of the NYS HEAP Vendor Agreement by:

Technician Signature: _____ **Date:** _____