



Weatherization Assistance Programs Pre Work Order Agreement Form PWOA--10



Below is a list of the work that may be completed on your home. These services are free and funded by the State of Florida and the U.S. Departments of Energy and Health & Human Services and should make your home safer and more energy efficient.

However, these are not home repair or rehabilitation programs and are limited in the scope of work that may be performed. Please review the below list and sign to indicate your understanding of the work that will be performed on your home contingent upon available funding.

SPECIFIC WORK TO BE COMPLETED:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)
- 13)

I acknowledge that I have been informed that based upon the initial inspection process, my house appears to have less than two square feet of mold and/or mildew present and that these programs are limited in regard to addressing the source of water intrusion that may be causing the mold. I further acknowledge that although the services to be performed may not totally eliminate the problem, they will not promote new growth, and that there are health risks associated with mold and mildew if not removed. Therefore, by signing this form, I understand that the agency name here is providing these services in good faith and shall be held harmless if new mold appears.

I also acknowledge that I have received two pamphlets, "**Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools**" and "**Mold, Moisture and Your Home**", and a copy of the agency grievance procedures.

I have also indicated to the agency staff that an occupant of this dwelling does____, does not____ have an existing breathing or health condition that would be impacted by performing the blower door testing or weatherization work described in this document.

Client Signature

Date

Agency Official Signature

Date