

WISCONSIN WEATHERIZATION ASSISTANCE PROGRAM – ACCRUAL OF BENEFITS FORM

Building Address _____ City _____ Zip _____

Units _____ Agency _____ Form Completed by _____

WEATHERIZATION MEASURE TYPE	MEASURE DETAIL	GENERAL HEALTH OR SAFETY	PRESERVATION OF AFFORDABLE HOUSING	RELIABILITY/COMFORT	NOTES
Shell Measures	Air Sealing				
	Insulation				
	Doors/Windows				
Heating System Improvements	Heating System Repair/ Replacement				
Air Quality/ Ventilation	Exhaust Ventilation				
	CO Detector/ Smoke Alarms				
	MUA (Make-up air unit)				
Water Heating	Water Heater Replacement or Repair				
Electric Baseload	Lighting				
	Electric Appliance Replacement				
Other					

Note: To be completed for all multi-unit buildings (2 or more) where the tenants do not pay a utility bill. Provide measure details.