

**HE+ Furnace Program Customer Agreement**

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| --- | --- | --- | --- | --- | --- |
|  | **Weatherization Agency** |  | **Customer** |  | **Furnace Contractor** |
| Name |  | Name |  | Name |  |
| Phone |  | Phone |  | Phone |  |

**Please check the appropriate response(s), sign and date this form.**

I consent to a heating system replacement. I understand I will be required to surrender my old heating system and allow a Furnace Program staff member to enter my home for a final safety and performance inspection within 2 weeks of installation, or future HE+ Furnace Program services may be denied. If further furnace work is required to comply with safety standards and performance specifications, I agree to allow the contractor to perform the work and a follow-up inspection to take place.

I understand that randomly selected customers will also receive a Quality Assurance inspection conducted by the State of Wisconsin, Department of Administration and/or its designated subcontractor. If I am randomly selected, I agree to allow a Quality Assurance inspector to enter my home to conduct the inspection. I understand that this is *in addition* to the final safety and performance inspection.

By accepting this heating system replacement, I further agree to properly maintain the unit as described in the owner’s manual. I understand that if maintenance is neglected then future HE+ Furnace Program services may be denied.

I understand the Home Energy Plus Furnace Program does not service air conditioners and is not liable for future maintenance and/or operation of air conditioning units.

I decline the heating system replacement. (\*Please indicate why.)  
  
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Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Contractor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: