

To be completed by Community Partner or Contractor

<b>Community Partner/Contractor Name</b>	
<b>Home Energy Advisor Name</b>	<b>Date</b>
<b>Participant Information</b>	
Participant Name: _____	
Site Address (Street, City, State, Zip): _____	
Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Email Address: _____
Participant Type: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Rental Property Owner/Manager	
<b>Site Information</b>	
Housing Type: <input type="checkbox"/> Detached, Single Family <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Side-by-side unit with no residences above or below, such as a townhome	
Electric Provider: <input type="checkbox"/> Pacific Power <input type="checkbox"/> PGE <input type="checkbox"/> Other _____	
Gas Provider: <input type="checkbox"/> NW Natural <input type="checkbox"/> Avista <input type="checkbox"/> Cascade Natural Gas <input type="checkbox"/> Other _____	
Year Built _____	Sq. Ft. _____ # Stories _____
Foundation/Basement: <input type="checkbox"/> Garage/basement combo <input type="checkbox"/> Crawlspace <input type="checkbox"/> Crawlspace w/ vapor barrier <input type="checkbox"/> Half basement <input type="checkbox"/> Full basement <input type="checkbox"/> Slab on grade	
<b>Home Energy Systems Information</b>	
<b>1. Primary Heating System (heats the majority of the home)</b>	
<input type="checkbox"/> Electric Heat: <input type="checkbox"/> Elec Resistance Forced Air (Furnace) <input type="checkbox"/> Elec Resistance Zonal (Baseboard, Cadet, etc) <input type="checkbox"/> Heat Pump	
<input type="checkbox"/> Natural Gas Heat: <input type="checkbox"/> Forced Air (Furnace) <input type="checkbox"/> Boiler <input type="checkbox"/> Other	
<input type="checkbox"/> Other Primary Heat (propane, oil, wood, etc): _____	
If 'Other' Primary Heat, is a replacement recommended? <input type="checkbox"/> Replace with Electric <input type="checkbox"/> Replace with Natural Gas	
Is the primary heating system functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No   If a heat pump, is the heat pump technology working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Heating System Thermostat Type: <input type="checkbox"/> Non-programmable <input type="checkbox"/> Programmable <input type="checkbox"/> Smart Thermostat (Nest or Eco-bee)	
Does the home have Wi-Fi? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there secondary non-electric heating? (Wood stove, Propane, etc) <input type="checkbox"/> Yes (please describe): _____	
<b>2. Water Heating</b>	
Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Location of water heater (garage, utility room, basement, etc): _____
<b>3. Cooling</b>	
Central AC: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Room AC Units (Window and/or Portable): _____
<b>4. Attic/Ceiling Insulation</b>	
Approximate R-value: _____	Attic Type: <input type="checkbox"/> Flat <input type="checkbox"/> Vault <input type="checkbox"/> Vermiculite Insulation present <input type="checkbox"/> Knob & Tube Wiring present
<b>5. Floor Insulation (optional, if easily accessible)</b>	
Approximate R-value: _____	<input type="checkbox"/> Standing water present <input type="checkbox"/> Exposed Soil/No Ground Cover <input type="checkbox"/> Disconnected/Damaged Ducts
<b>6. Windows</b>	
Window Type (majority): <input type="checkbox"/> Single-pane <input type="checkbox"/> Double-pane or more	Frame Type: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl
<b>Other Health and Safety Concerns:</b> Please check any/all of the following:	
<input type="checkbox"/> Need for Functioning Smoke Detectors (1 per floor) <input type="checkbox"/> Non-functioning Bathroom/Kitchen Exhaust Fan(s) <input type="checkbox"/> Mold/Mildew	
<input type="checkbox"/> Need for Functioning CO Monitor, if Combustible Appliances Present (1 per floor)	

**Home Energy ReviewAssessment**  
Existing Homes

To be completed by Community Partner or Contractor

Energy Upgrade Considerations:	Is the home eligible? (Yes/No)	Is the resident interested? (Yes/No/Unknown)
1. Ductless Heat Pump: Suggest if the home has electric resistance zonal heat that serves the primary living space		
2. Ducted Heat Pump: Suggest if the home has an electric resistance forced air furnace		
3. 90+% AFUE Gas Furnace: Suggest if the home has an existing, older gas furnace, especially if it is inefficient		
4. Smart Thermostat: Suggest if the home has Wi-Fi, a forced air furnace (gas or electric resistance), and a non-programmable thermostat		
5. Heat Pump Water Heater: Suggest if the home has an older electric resistance water heater, especially if located in unconditioned space		
6. Attic Insulation: Suggest if the home has less than R-18 (typically 6 inches of insulation or less)		
7. Floor Insulation: Suggest if the home has no functional floor insulation (R-0)		
8. Windows: Suggest any broken/non-functioning single-pane windows to be replaced with double-pane or greater		
9. <i>Referral to Community Action Agency (CAA): Income-qualified residents may be eligible for free HVAC/weatherization services through their local CAA</i>	<i>Referred?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Notes
1. Are there any energy upgrades you will assist the resident to pursue? Which ones?
2. If the resident was eligible for any measures, but not interested, please describe why:
3. Other Notes (ex. expand on health and safety concerns, further describe secondary heating sources, etc):