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| **Community Partner/Contractor Name** | |
| **Home Energy Advisor Name** | **Date** |

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

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| **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 |  |  |
| 1. Ducted Heat Pump: Suggest if the home has an electric resistance forced air furnace |  |  |
| 1. 90+% AFUE Gas Furnace: Suggest if the home has an existing, older gas furnace, especially if it is inefficient |  |  |
| 1. Smart Thermostat: Suggest if the home has Wi-Fi, a forced air furnace (gas or electric resistance), and a non-programmable thermostat |  |  |
| 1. Heat Pump Water Heater: Suggest if the home has an older electric resistance water heater, especially if located in unconditioned space |  |  |
| 1. Attic Insulation: Suggest if the home has less than R-18 (typically 6 inches of insulation or less) |  |  |
| 1. Floor Insulation: Suggest if the home has no functional floor insulation (R-0) |  |  |
| 1. Windows: Suggest any broken/non-functioning single-pane windows to be replaced with double-pane or greater |  |  |
| 1. *Referral to Community Action Agency (CAA): Income-qualified residents may be eligible for free HVAC/weatherization services through their local CAA* | *Referred?  Yes  No* | |

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