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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):
 |