YOUR HOME'S ENERGY ASSESSMENT FORM

Name:_____

Email Address: _____

Your nearest city/town:_____

Your State:

What year was your home built? (Leave blank if you don't know) _____

How many stories is your home? (Count only conditioned (heated) floors; count a loft or finished attic as 1/2 story) _____

What is the total floor area of your home? _____square feet

WALLS:

What are your home's walls made of?

What type of siding is on your home?

Are your walls insulated?

What is the average ceiling height in your home (most homes are 8 feet)? ___feet

Input the length and orientation of each wall, starting from the wall with the front door.
  (a) If you were looking down from a helicopter, imagine going to the right (counter-   clockwise) from the first wall.
  (b) For orientation, again imagine looking down on your home from above.   What   direction is the outside of a wall facing?
  (c) Count every wall until you're back at the front wall.

  Wall #1: _____feet   Facing:
  Wall #2: _____feet   Facing:

Wall #3: _____feet   Facing:

Wall #4: _____feet   Facing:

Wall #5: _____feet   Facing:

Wall #6: _____feet   Facing:

Wall #7: _____feet   Facing:

Wall #8: _____feet   Facing:

<u>If you have a heated addition, describe the walls of the addition:</u>

(1) What are the addition walls made of?

(2) Are your addition walls insulated?

(3) What type of siding is on your addition walls?

(4) List all wall numbers that make up the addition walls:

_____

If any walls are adjacent to an enclosed non-conditioned space, such as an attached garage, list the wall numbers here: _____

WINDOWS:

You can list up to four types and/or sizes of windows. If you have more than 4 types of windows, you'll have to average the data.

<u>Window #1:</u>
- (1) Frame type:
- (2) Glazing:
- (3) Size: _____inches x _____inches
- (4) List the number of windows similar to this and the wall # they are on:

      Number of window #1 _____ on Wall #_____

      Number of window #1 _____ on Wall #_____

      Number of window #1 _____ on Wall #_____

      Number of window #1 _____ on Wall #_____

      Number of window #1 _____ on Wall #_____

<u>Window #2:</u>

    (1) Frame type:

    (2) Glazing:

    (3) Size: _____inches x _____inches

    (4) List the number of windows like this and the wall # they are on:

            Number of window #2 _____ on Wall #_____

            Number of window #2 _____ on Wall #_____

            Number of window #2 _____ on Wall #_____

            Number of window #2 _____ on Wall #_____

            Number of window #2 _____ on Wall #_____

<u>Window #3:</u>

    (1) Frame type:

    (2) Glazing:

    (3) Size: _____inches x _____inches

    (4) List the number of windows like this and the wall # they are on:

            Number of window #3 _____ on Wall #_____

            Number of window #3 _____ on Wall #_____

            Number of window #3 _____ on Wall #_____

            Number of window #3 _____ on Wall #_____

            Number of window #3 _____ on Wall #_____

<u>Window #4:</u>

    (1) Frame type:

    (2) Glazing:

    (3) Size: _____inches x _____inches

    (4) List the number of windows like this and the wall # they are on:

            Number of window #4 _____ on Wall #_____

            Number of window #4 _____ on Wall #_____

            Number of window #4 _____ on Wall #_____

            Number of window #4 _____ on Wall #_____

            Number of window #4 _____ on Wall #_____

DOORS:

<u>Door #1:</u>

    (1) Door type:

    (2) Door width:

    (3) Does this door have a storm door?

    (4) Which wall # is this door on?_____

<u>Door #2:</u>

    (1) Door type:

    (2) Door width:

    (3) Does this door have a storm door?

    (4) Which wall # is this door on?_____

<u>Door #3:</u>

    (1) Door type:

    (2) Door width:

    (3) Does this door have a storm door?

    (4) Which wall # is this door on?_____

<u>Door #4:</u>

    (1) Door type:

    (2) Door width:

    (3) Does this door have a storm door?

    (4) Which wall # is this door on?_____

UNFINISHED ATTIC:

Describe in this section only attic areas that are **unheated, non-living spaces**. If you have more than two unfinished attics spaces, average the values to create two inputs. If there is a single attic that is partially floored, count the floored area as one attic and the rest as another.

Attic #1
    (1) Is it floored?
    (2) What is the size of the ceiling joists? 2x_____ inches
    (3) How many inches of insulation are in your attic now? _____inches
    (4) What percentage of this attic's area is cathedral/vaulted? _____%
       (Input 100% if you are describing a fully vaulted area; or 0% if there are no cathedral ceilings; or some percentage in between)

Attic #2
    (1) Is it floored?
    (2) What is the size of the ceiling joists? 2x_____ inches
    (3) How many inches of insulation are in your attic now? _____inches
    (4) What percentage of this attic's area is cathedral/vaulted? _____%

FINISHED ATTIC:

Describe in this section only an attic area or 'bonus' room that has been converted into living space. Leave blank if you don't have one.

Kneewall:
    (1) Height of kneewall: _____ feet
    (2) Total length of all kneewalls: _____feet
    (3) Are the kneewalls insulated:

<u>Collar Beam:</u>
  (1) Length and width of collar beam: _____feet x _____feet
  (2) How many inches of insulation are there above the collar beam? (Input 0
      for none) _____ inches

<u>Roof Rafters (AKA Slopes):</u>
  (1) Height of slopes in finished space (measure from top of Kneewall to collar
      beam): _____feet
  (2) Total horizontal length of all slopes in finished space: _____feet
  (3) What is the dimension of the rafters? 2 x _____inches
  (4) Are these roof rafters insulated?

<u>Outer Ceiling Joists (this is the flat unfinished area behind the kneewalls):</u>
  (1) What is the distance from the kneewall to the bottom of the roof slope?
      _____feet
  (2) How many inches of insulation are there in this area? (Input 0 for none)
      _____inches

FOUNDATION

Is your foundation a:

<u>For basements and crawlspaces:</u>
        (1) What is the height from the ground to the bottom of the floor joists?
                _____feet
        (2) How much of that height is above ground? _____feet
        (3) What size are the floor joists? 2 x _____inches
        (4) Is there insulation in between the floor joists? (Say NO if the floor is
            insulated but it is old and mostly hanging or fallen down)
                    If Yes, what is the thickness? _____inches
        (5) Is the rim/band joist insulated?
        (6) Is the foundation wall insulated?
                If Yes, how many inches of insulation are there? _____inches
        (7) If it is a basement, is it conditioned (heated)?

HEATING SYSTEM

Describe your primary heating system?

Do you use a programmable thermostat?

If the primary heat is <u>Electric Resistance</u>, add up the wattage of all the units you use regularly (Most portable space heaters and most baseboard heaters are 1500 Watts each): _____Watts

If the primary heat is a <u>Heat Pump</u>, what is the:

(1) Brand and Model: _____

(2) Year of manufacture: _____

(3) HSPF: _____

If the primary heat is a <u>Forced Air Furnace, Boiler or Space Heater</u>, what is the:

(1) Brand and Model: _____

(2) Year of manufacture: _____

(3) Fuel type:

(4) Input Capacity: _____BTU

(5) Efficiency (AFUE; or 100% if electric):

(6) Condition:

If the system uses forced air pushed through ducts, consider the condition of the ducts:

(1) Would you consider the ducts:

(2) Are the ducts in the:

(3) Are the ducts insulated?

(4) If No, how many feet need to be insulated? _____feet

If you use a secondary heating system:

(1) About what percentage of the total heat in the home comes from this secondary system? _____%

(2) What is the fuel source of this secondary heat?

COOLING SYSTEM

What percentage of the total floor area of your home is cooled by the primary cooling system? (Choose 100% if this unit cools the entire home): _____%

For your primary cooling system, what is the:

      (1) Type?

      (2) Brand and Model: _____

      (3) Year of manufacture: _____

      (4) Efficiency? _____SEER (EER for Window AC)

      (5) Capacity: _____BTU or _____ Tons

How many secondary cooling units do you use?

Consider now only the secondary cooling system, if you use one. If you use more than one secondary AC, average the values to create a single input here. What is the:

      (1) Type:

      (2) Brand and Model: _____

      (3) Year of manufacture: _____

      (4) Efficiency? _____SEER (EER for Window AC)

      (5) Capacity: _____BTU or _____ Tons

INFILTRATION

Consider how drafty you feel your home is.

Do you think your home is:

BASELOADS

What percentage of your total home energy use is for baseloads? (You can find this out by using our [Energy Checkup Tool](#)) _____%

Water Heaters:

(1) What kind of water heater do you use?

(2) What is the Make & Model Number?

_____

(3) What fuel does your water heater use?

(4) How many gallons does it hold? (0 for tankless) _____Gallons

(5) Is the tank wrapped with an insulating blanket?

(6) Are the pipes wrapped with insulation?

Showerheads:

(1) About how many minutes of shower time is there in your home every day? _____minutes

(2) How many showerheads are there in regular use in your home?

(3) What is the flow rate of your shower head? (If there is more than one regularly used showerhead, input the average between them) _____ Gallons Per Minute

Refrigerators:

(1) What kind of refrigerator do you have?

(2) What is the capacity? _____cubic feet

(3) What Brand is the fridge? _____

(4) What is the model number? _____

(5) What year was it manufactured? _____

(6) How is the door seal?

(7) Do you use a secondary fridge that is kept on year round?

(a) If Yes, What is the Brand and Model #?

_____

(8) Do you use an upright or chest freezer?

(a) If Yes, What is the Brand and Model #?

_____

(b) What is the capacity? _____cubic feet

<u>Lighting:</u> [Do not count CFLs or LEDs]

(1) How many incandescent bulbs do you use in your home? _____

(2) On average, about how many hours a day do you use them? _____hours

<u>Dehumidifier:</u>

(1) Do you use a dehumidifier through much of the year?

(2) If Yes, What is the Brand and Model #? _____

(3) Is it Energy Star?

COMMENTS:

Input here any relevant details that you could not describe properly in the form

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____