

HOUSING UNIT INFORMATION SURVEY

This survey collects detailed information about homes weatherized (or waitlisted) by your agency that have been selected for analysis by the national evaluation. The data you supply will be used with billing history data to better understand energy savings attributable to the Weatherization Assistance Program.

Please use this form to provide information about any single family detached and attached houses, mobile homes, or individual units within multi-family buildings. The Building Information Survey should be used to document information on small or large multifamily buildings in which the whole building and all units in the building were weatherized or are waitlisted. Refer to the definitions of each building type provided at the end of the survey because these definitions are slightly different than those commonly used within the Weatherization Assistance Program.

Public reporting burden for this collection of information is estimated to average forty hours per weatherization agency, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, IM-11, Paperwork Reduction Project (1910-XXXX), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (1910-XXXX), Washington, DC 20503.

All of the information obtained from this survey will be protected and will remain confidential. The data will be analyzed in such a way that the information provided cannot be associated back to your state, your agencies, or the housing units and clients that your state served.

Form completed by: _____ Date: _____

Unit identification number (to be completed by the evaluation team): _____

IDENTIFICATION

1. Subgrantee (agency) name: _____

2. State: _____

3. Agency job number: _____

4. Occupant name: _____

5. Site address: _____ 6. City: _____

7. If this home is currently waitlisted, check here and complete only the Housing Unit and Household sections below.

WEATHERIZATION INFORMATION

Weatherization dates (not audit or inspection dates):

8a. Started: _____

8b. Completed: _____
(month) (day) (year)

9. Was this a “reweatherized” unit? (**check only one**)

- Yes
- No
- Don’t know

10. Does the housing unit meet your state’s definition for being a high residential energy user? (**check only one**)

- Yes
- No
- No state definition in place
- Don’t know

11. Does the housing unit meet your state’s definition for being a household with a high energy burden? (**check only one**)

- Yes
- No
- No state definition in place
- Don’t know

12. Did this client file a complaint about the weatherization services you provided? (**check only one**)

- Yes
- No
- Don’t know

HOUSING UNIT

13. Building type – see definitions at end of form: (**check only one**)

- Single-family detached house
- Single-family attached house (e.g., side-by-side duplex, townhouse, row house)
- Single-family – unknown whether attached or detached
- Mobile home
- Small multifamily building (2-4 units per building and not a SF attached house)
- Large multifamily building (5 or more units per building and not a SF attached house)
- Shelter
- Don’t know

14. If single-family detached or attached, number of stories above grade: **(check only one)**

- 1
- 2
- 3
- 4 or more
- Don't know
- Not applicable

15. If single-family attached, number of units attached (adjacent) to this unit: **(check only one)**

- 1
- 2
- 3
- 4 or more
- Don't know
- Not applicable

16. If mobile home, number of rooms that have been added on: **(check only one)**

- None
- 1
- 2
- 3
- 4 or more
- Don't know
- Not applicable

17. If small or large multifamily building, number of units in the building: **(check only one)**

- 2
- 3
- 4
- 5-9
- 10-19
- 20-29
- 30-49
- 50-99
- 100 or more
- Don't know
- Not applicable

18. Ownership **(check only one)**

- Owner occupied
- Rental
- Other (specify: _____)
- Don't know

19. Year house/building originally built: (**check only one**)

- 2000 or later
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1930 to 1939
- 1920 to 1929
- 1910 to 1919
- 1900 to 1909
- Before 1900
- Don't know

Conditioned floor area at the time of weatherization: (**include the basement only if it is intentionally conditioned**)

20a. Heated floor area: _____ ft² Don't know

20b. Air conditioned floor area: _____ ft² Don't know

21. Primary fuel used to heat the unit during the winter before weatherization: (**check only one**)

- Natural gas
- Propane/LPG
- Kerosene (#1 fuel oil)
- Fuel oil (#2 fuel oil)
- Electricity
- Wood
- Coal
- Other (specify: _____)
- Don't know

22. Type of *primary* space-heating system before weatherization: (**check only one**)

- Central (ducted) warm-air furnace (forced-air or gravity, any fuel including electricity)
- Heat pump
- Built-in electric units (e.g., electric baseboards, ceiling heat)
- Steam or hot water system (e.g., floor or baseboard radiators, convectors)
- Floor, wall, or pipeless (ductless) furnace (e.g., floor or wall furnace)
- Room/space heater (nonportable)
- Portable space heater
- Cooking stove
- None
- Don't know

23. If small or large multifamily building, was the primary space-heating system shared with other housing units? **(check only one)**

- Yes
- No
- Don't know
- Not applicable

24. Supplemental fuel used to heat the unit during the winter before weatherization: **(check all that apply)**

- Natural gas
- Propane/LPG
- Kerosene (#1 fuel oil)
- Fuel oil (#2 fuel oil)
- Electricity
- Wood
- Other (specify: _____)
- None
- Don't know

25. Type of operable air conditioning system present before weatherization: **(check all that apply)**

- Central air conditioner/heat pump
- Window/wall units
- Evaporative cooling system ("swamp coolers")
- None
- Don't know

26. Number of window/wall air conditioning units: **(check only one)**

- None
- 1
- 2
- 3
- 4 or more
- Don't know

Electric utility information:

- 27a. Name: _____ Don't know
- 27b. Account number: _____ Don't know

Natural gas utility information:

- 28a. Natural gas not installed in house
- 28b. Name: _____ Don't know
- 28c. Account number: _____ Don't know

HOUSEHOLD

29. Household annual income (as used to determine Program eligibility): \$_____ per year

30. Total number of occupants: **(check only one)**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more
- Don't know

31. Check if the housing unit was occupied by at least one person who was: **(check all that apply)**

- Elderly (60 or older)
- Disabled
- Native American
- A child (as defined by your state)

32. Number of children (as defined by your state): **(check only one)**

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know

33. Number of elderly (60 or older): **(check only one)**

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know

34. Number of disabled : **(check only one)**

- None
- 1
- 2
- 3
- 4
- 5 or more
- Don't know

35. Year moved into housing unit: **(check only one)**

- 2007
- 2008
- 2005
- 2000 to 2004
- 1995 to 1999
- 1990 to 1994
- 1985 to 1989
- 1980 to 1984
- 1975 to 1979
- 1970 to 1974
- 1965 to 1969
- 1960 to 1964
- 1955 to 1959
- 1950 to 1954
- Before 1950
- Don't know

36. Is the household headed by a single parent? **(check only one)**

- Yes
- No
- Don't know

37. Race and ethnicity of the head of household: **(check all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Hispanic or Latino
- Don't know

AUDIT

38. Primary method used to select weatherization measures for this house (excluding health, safety, and repair measures and general heat waste measures): **(check only one)**

- Priority list
- Calculation procedure (e.g., spreadsheet, computerized audit)
- Other (specify: _____)

39. If a calculation procedure was used, the name of the procedure(s): **(check all that apply)**

- AK Warm
- EA-3
- EASY
- EA-QUIP
- HomeCheck
- Meadows
- REES
- REM/Rate
- SMOC-ERS
- TIPS
- TREAT
- Weatherization Assistant (NEAT/MHEA)
- WXEOR
- Other (specify: _____)
- Not applicable

DIAGNOSTICS AND INSPECTIONS

Indicate which of the following diagnostic measurements and inspections were performed by your agency on **THIS** housing unit and when they were performed: *(check all that apply)*

Diagnostic measurement or inspection	Diagnostic/inspection performed during:		
	Audit/house assessment	Measure installation	Post-inspection
Pressure diagnostics:			
40a. Blower door measurement (house air leakage rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40b. Zonal pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40c. Room-to-room pressures (distribution system balancing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40d. Duct pressure pan measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40e. Duct blower measurement (duct air leakage rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40f. Blower door subtraction meas. (duct air leakage rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space-heating system:			
41a. Flue gas analysis (steady-state efficiency measurement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41b. Heat rise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41c. CO level in flue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41d. CO level of equipment room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41e. Draft/spillage (normal operation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41f. Worst case draft/spillage (CAZ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41g. Safety inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air-conditioning system:			
42a. Refrigerant charge (e.g., superheat or subcooling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42b. Safety inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC components:			
43a. Air handler flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43b. Thermostat anticipator current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnostic measurement or inspection	Diagnostic/inspection performed during:		
	Audit/house assessment	Measure installation	Post-inspection
Hot-water (water-heating) system:			
44a. Flue gas analysis (steady-state efficiency measurement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44b. CO level in flue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44c. CO level of equipment room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44d. Draft/spillage (normal operation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44e. Worst case draft/spillage (CAZ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44f. Hot water temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44g. Shower head flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44h. Faucet flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44i. Safety inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other CO measurements:			
45a. Cook stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45b. Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45c. Main living area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other diagnostics and inspections:			
46a. Refrigerator energy use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46b. Exhaust fan air flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46c. Infrared scanning (camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46d. Radon testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46e. Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46f. Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46g. Other (specify: __ _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record the diagnostic measurements taken on **THIS** housing unit: *(fill in all that were taken)*

Diagnostic measurement	Pre- weatherization	Post weatherization
House air leakage (blower door measurement):		
47a. Air leakage rate	cfm	cfm
47b. House WRT outside pressure difference	Pa	Pa
Duct leakage (pressure pan measurements):		
48a. Sum of pressure pan readings	Pa	Pa
48b. Number of registers included in sum		
48c. House WRT outside pressure difference	Pa	Pa
Duct leakage (duct blower measurements):		
49a. Total duct leakage rate	cfm	cfm
49b. Duct leakage to the outside	cfm	cfm
49c. Duct WRT outside pressure difference	Pa	Pa
Steady-state efficiency (flue gas analysis):		
50a. Primary space-heating system	%	%
50b. Secondary space-heating system	%	%
50c. Hot water heater	%	%

MEASURES INSTALLED

Identify the measures that were installed on **THIS** housing unit: *(check all that apply)*

Measure	Installed by	
	In-house crew	Contractor
Air sealing work:		
51a. General house caulking and weatherstripping (e.g., doors, windows)	<input type="checkbox"/>	<input type="checkbox"/>
51b. House air sealing emphasizing bypasses (leaks identified by auditor and/or crew without using a blower door)	<input type="checkbox"/>	<input type="checkbox"/>
51c. House air sealing emphasizing bypasses (leaks identified by auditor and/or crew with aid of a blower door)	<input type="checkbox"/>	<input type="checkbox"/>
51d. Air distribution system (duct) sealing and repair	<input type="checkbox"/>	<input type="checkbox"/>
51e. Other non-window air sealing work (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Insulation:		
52a. Attic insulation (installed where there was no existing insulation)	<input type="checkbox"/>	<input type="checkbox"/>
52b. Attic insulation (added to existing insulation)	<input type="checkbox"/>	<input type="checkbox"/>
52c. Wall insulation (normal density—two-hole gravity blow technique)	<input type="checkbox"/>	<input type="checkbox"/>
52d. Wall insulation (high density—one-hole tube-fill technique)	<input type="checkbox"/>	<input type="checkbox"/>
52e. Floor insulation	<input type="checkbox"/>	<input type="checkbox"/>
52f. Rim or band joist insulation	<input type="checkbox"/>	<input type="checkbox"/>
52g. Foundation wall insulation	<input type="checkbox"/>	<input type="checkbox"/>
52h. Duct insulation	<input type="checkbox"/>	<input type="checkbox"/>
52i. White roof coat	<input type="checkbox"/>	<input type="checkbox"/>
52j. Skirting	<input type="checkbox"/>	<input type="checkbox"/>
52k. Other insulation (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Windows:		
53a. New window (justified because cost effective)	<input type="checkbox"/>	<input type="checkbox"/>
53b. New window (justified for reason other than cost effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
53c. Window glazings	<input type="checkbox"/>	<input type="checkbox"/>
53d. New window screen	<input type="checkbox"/>	<input type="checkbox"/>
53e. Window lock replacement	<input type="checkbox"/>	<input type="checkbox"/>

Measure	Installed by	
	In-house crew	Contractor
Windows (continued):		
53f. Window screen repair	<input type="checkbox"/>	<input type="checkbox"/>
53g. Other window repair (e.g., sashes, frames)	<input type="checkbox"/>	<input type="checkbox"/>
53h. Storm window	<input type="checkbox"/>	<input type="checkbox"/>
53i. Window shading (e.g., awning, film, sun screen)	<input type="checkbox"/>	<input type="checkbox"/>
53j. Other window treatments (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Doors:		
54a. New door (justified because cost effective)	<input type="checkbox"/>	<input type="checkbox"/>
54b. New door (justified for reason other than cost effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
54c. Door lock (new or replacement)	<input type="checkbox"/>	<input type="checkbox"/>
54d. Door or door framing repair	<input type="checkbox"/>	<input type="checkbox"/>
54e. Storm door	<input type="checkbox"/>	<input type="checkbox"/>
54f. Other door treatments (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Space-heating systems:		
55a. New space-heating system (justified because cost effective)	<input type="checkbox"/>	<input type="checkbox"/>
55b. New space-heating system (justified for reason other than cost effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
55c. Space-heating system repair (e.g., controls, safety items, flues)	<input type="checkbox"/>	<input type="checkbox"/>
55d. Space-heating system tune-up	<input type="checkbox"/>	<input type="checkbox"/>
55e. Vent damper	<input type="checkbox"/>	<input type="checkbox"/>
55f. Intermittent ignition device	<input type="checkbox"/>	<input type="checkbox"/>
55g. Other space-heating system modification (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Air-conditioning systems:		
56a. New air conditioner (justified because cost effective)	<input type="checkbox"/>	<input type="checkbox"/>
56b. New air conditioner (justified for reason other than cost effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
56c. Air conditioner repair	<input type="checkbox"/>	<input type="checkbox"/>

Measure	Installed by	
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	In-house crew	Contractor
Air-conditioning systems (continued):		
56d. Air conditioner recharge/tune-up	<input type="checkbox"/>	<input type="checkbox"/>
56e. Ceiling or whole-house fans	<input type="checkbox"/>	<input type="checkbox"/>
56f. Other air-conditioning system modification (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation:		
57a. Exhaust fan in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
57b. Exhaust fan in kitchen	<input type="checkbox"/>	<input type="checkbox"/>
57c. Whole-house ventilation system	<input type="checkbox"/>	<input type="checkbox"/>
57d. Other ventilation system improvements (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
HVAC accessories:		
58a. New programmable (setback) thermostat	<input type="checkbox"/>	<input type="checkbox"/>
58b. New standard thermostat	<input type="checkbox"/>	<input type="checkbox"/>
58c. Duct vents, grills, or registers	<input type="checkbox"/>	<input type="checkbox"/>
58d. Standard air filter	<input type="checkbox"/>	<input type="checkbox"/>
58e. High efficiency particulate arresting (HEPA) air filter	<input type="checkbox"/>	<input type="checkbox"/>
58f. Other HVAC accessories (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Water-heating system:		
59a. New water heater (justified because cost effective)	<input type="checkbox"/>	<input type="checkbox"/>
59b. New water heater (justified for reason other than cost effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
59c. Water-heating system repair	<input type="checkbox"/>	<input type="checkbox"/>
59d. Water-heater tank insulation wrap	<input type="checkbox"/>	<input type="checkbox"/>
59e. Pipe insulation	<input type="checkbox"/>	<input type="checkbox"/>
59f. Low-flow showerhead	<input type="checkbox"/>	<input type="checkbox"/>
59g. Faucet aerators	<input type="checkbox"/>	<input type="checkbox"/>
59h. Water heater temperature reduction	<input type="checkbox"/>	<input type="checkbox"/>

Measure	Installed by	
	In-house crew	Contractor
Water-heating system (continued):		

59i. Other water heating system measure (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Other baseloads:		
60a. Indoor lighting	<input type="checkbox"/>	<input type="checkbox"/>
60b. Outdoor lighting	<input type="checkbox"/>	<input type="checkbox"/>
60c. Refrigerator (justified because cost effective)	<input type="checkbox"/>	<input type="checkbox"/>
60d. Refrigerator (justified for reason other than cost effectiveness)	<input type="checkbox"/>	<input type="checkbox"/>
60e. Other baseload measure (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Client education:		
61a. Literature (e.g., brochures, booklets, manuals)	<input type="checkbox"/>	<input type="checkbox"/>
61b. Videos, DVDs, or compact disks (CDs)	<input type="checkbox"/>	<input type="checkbox"/>
61c. Hardware kit and/or kit of weatherization materials	<input type="checkbox"/>	<input type="checkbox"/>
61d. <5 minute total in-home education/discussion time	<input type="checkbox"/>	<input type="checkbox"/>
61e. 5-14 minute total in-home education/discussion time	<input type="checkbox"/>	<input type="checkbox"/>
61f. 15-29 minute total in-home education/discussion time	<input type="checkbox"/>	<input type="checkbox"/>
61g. 30-60 minute total in-home education/discussion time	<input type="checkbox"/>	<input type="checkbox"/>
61h. >1 hour total in-home education/discussion time	<input type="checkbox"/>	<input type="checkbox"/>
61i. Classroom training	<input type="checkbox"/>	<input type="checkbox"/>
61j. Other client education approach (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Other health, safety, and repair:		
62a. Smoke alarm	<input type="checkbox"/>	<input type="checkbox"/>
62b. CO monitor	<input type="checkbox"/>	<input type="checkbox"/>
62c. Attic ventilation	<input type="checkbox"/>	<input type="checkbox"/>
62d. Roof repair	<input type="checkbox"/>	<input type="checkbox"/>
62e. Ceiling repair	<input type="checkbox"/>	<input type="checkbox"/>
62f. Wall repair	<input type="checkbox"/>	<input type="checkbox"/>

Measure	Installed by	
	In-house crew	Contractor
Other health, safety, and repair (continued):		
62g. Floor repair	<input type="checkbox"/>	<input type="checkbox"/>

62h. Foundation repair	<input type="checkbox"/>	<input type="checkbox"/>
62i. Ground vapor barrier	<input type="checkbox"/>	<input type="checkbox"/>
62j. Gutter or downspout (installed or repaired)	<input type="checkbox"/>	<input type="checkbox"/>
62k. Grading of lot	<input type="checkbox"/>	<input type="checkbox"/>
62l. Plumbing repair	<input type="checkbox"/>	<input type="checkbox"/>
62m. Sewer repair	<input type="checkbox"/>	<input type="checkbox"/>
62n. Electrical repair	<input type="checkbox"/>	<input type="checkbox"/>
62o. Stair repair	<input type="checkbox"/>	<input type="checkbox"/>
62p. Install/repair non-skid material on stairs	<input type="checkbox"/>	<input type="checkbox"/>
62q. Install/repair safety gate at stairs	<input type="checkbox"/>	<input type="checkbox"/>
62r. Install/repair grab bar in bathroom	<input type="checkbox"/>	<input type="checkbox"/>
62s. Install/repair non-skid material in bathtub	<input type="checkbox"/>	<input type="checkbox"/>
62t. Install/repair metal chimney liner	<input type="checkbox"/>	<input type="checkbox"/>
62u. Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>
62v. Asbestos abatement	<input type="checkbox"/>	<input type="checkbox"/>
62w. Removal or safe storage of household poisons	<input type="checkbox"/>	<input type="checkbox"/>
62x. Other H&S and repair items (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

63. If a new space-heating system was installed, indicate the primary fuel used to heat the unit during the winter after weatherization: **(check only one)**

- Natural gas
- Propane/LPG
- Kerosene (#1 fuel oil)
- Fuel oil (#2 fuel oil)
- Electricity
- Wood
- Coal
- Other (specify: _____)
- Don't know
- Not applicable

64. If a new space-heating system was installed, indicate the type of *primary* space-heating system after weatherization: **(check only one)**

- Central (ducted) warm-air furnace (forced-air or gravity, any fuel including electricity)
- Heat pump
- Built-in electric units (e.g., electric baseboards, ceiling heat)
- Steam or hot water system (e.g., floor or baseboard radiators, convectors)
- Floor, wall, or pipeless (ductless) furnace (e.g., floor or wall furnace)
- Room/space heater (nonportable)
- Portable space heater
- Cooking stove
- None
- Don't know
- Not applicable

65. If a new space-heating system was installed and justified for reasons other than cost effectiveness, identify the reason it was replaced: **(check all that apply)**

- Cost of repair/retrofit exceeded 50% of replacement cost
- Existing heating system was not running
- Existing heating system was old (e.g., at end of life, too old to be repaired/adjusted)
- To switch fuel
- To convert from a steam system to a hot water system
- Heat exchanger was cracked
- Boiler was leaking
- Safety switches/controls were not operational and could not be repaired
- To replace unvented space heater(s)
- Existing heating system was not safe to run for other reason (specify: _____)
- Other (specify: _____)

66. Please identify any cost-effective energy-efficiency measures (not repair or health and safety measures) recommended by your energy audit procedures that you were unable to install in this housing unit because of insufficient funds: **(check all that apply)**

- Air sealing
- Duct sealing
- Attic insulation
- Wall insulation
- Floor/foundation insulation
- Duct insulation
- New window(s)
- Storm windows(s)
- Door(s)
- Storm door(s)
- New space-heating system
- Space-heating system tune-up
- New air conditioner(s)
- Air conditioner tune-up(s)
- HVAC thermostat
- New water heater
- Water heater insulation wrap
- Water flow devices (e.g., showerheads, faucet aerators)
- Lighting
- Refrigerator
- Other: _____
- None

67. If energy efficiency measures were checked in the previous question, provide a rough estimate of the cost for installing all the measures checked: \$_____

68. Please identify any repair or health and safety measures recommended by your audit procedures that you were unable to install in this housing unit because of insufficient funds: **(check all that apply)**

- New window(s)
- Window glazing(s)
- Window screen(s)
- Window lock(s)
- Window repair
- New door(s)
- Door lock(s)
- Door repair
- New space-heating system
- Space-heating system repair
- New air conditioner(s)
- Air conditioner repair
- Ceiling or whole-house fan(s)
- Exhaust fan(s) or ventilation system
- New water heater
- Water-heating system repair
- Refrigerator
- Smoke alarm
- CO monitor
- Attic ventilation
- Roof, wall, floor, or foundation repair
- Plumbing/sewer repair
- Electrical repair
- Other: _____
- None

69. If repair or health and safety measures were checked in the previous question, provide a rough estimate of the cost for installing all the measures checked: \$ _____

COSTS

Provide the costs associated with installing the measures in **THIS** housing unit from all funding sources. Do **NOT** include any program management costs such as those associated with intake and eligibility determination, audits and house assessments, final inspections, contractor or crew management, and program administration. Also, do **NOT** include installation-related overhead costs such as those associated with vehicles, equipment, and training.

	In-House Crew	Contractor	Total
70a. Material costs			
70b. Labor costs ¹			
70c. Profit/overhead ²			
70d. Total³			

¹Crew-based labor costs should be based on the crew's fully loaded hourly rate (rather than the crew's take-home pay rate) which may include costs associated with medical and other insurance, workers compensation, vacations, and other benefits. These labor costs should include the crew's time for traveling to and from the job site.

²If contractor profit and overhead are included in the contractor's material and labor costs, then leave these cells blank.

³If the contractor costs are not split out by material and labor, then just enter the total costs.

Divide the total costs spent on this housing unit (cell in lower right corner of above table) into the following expenditure categories:

Expenditure category	Costs ¹
71a. Cost effective energy-related measures (SIR > 1.0)	
71b. Incidental repairs	
71c. Health and safety, repairs, and other non-cost effective measures	
71d. Total	
¹71e. Labor and material	

Divide the total costs spent on this housing unit (cell in lower right corner of the two above tables) into the following funding sources:

	Funding source	Total funds
72a. DOE funds		
72b. Non-DOE funds		
72c. Total		

Building Type Definitions:

Single-family detached house—House that provides living space for one family or household, is contained within walls that go from the basement (or the ground floor, if there is no basement) to the roof, and has no walls that are shared (or built in contact) with another household. A manufactured house assembled on site is a single-family detached housing unit, not a mobile home.

Single-family attached house—House that provides living space for one family or household, is contained within walls that go from the basement (or the ground floor, if there is no basement) to the roof, has at least one wall that is shared (or built in contact) with an adjacent household, and has an independent outside entrance. An attached house is not divided into more than one housing unit and does not have a household living above or below another one within the walls extending from the basement to the roof to separate any adjacent units. Examples include a house that is a side-by-side duplex, part of a townhouse building, and a row house.

Mobile home—Home that is built on a movable chassis, is moved to the site, and may be placed on a permanent or temporary foundation. If rooms are added to the structure, it is considered a mobile home if the added floor area is less than the mobile home's original floor area; otherwise, it is a single-family detached house. A manufactured house assembled on site is a single-family detached house, not a mobile home.

Small multifamily—Building with two to four housing units (i.e., building that is divided into living quarters for two, three, or four families or households) in which one household lives above or beside another and does not meet the single-family attached house definition. Includes houses originally intended for occupancy by one family (or for some other use) that have since been converted to separate dwellings for two to four families. Typical arrangements in these types of living quarters are separate apartments downstairs and upstairs or one apartment on each of three or four floors.

Large multifamily—Building with five or more housing units (i.e., building that contains living quarters for five or more families or households) that does not meet the single-family attached house definition.

Shelter—Structure whose principal purpose is to house individuals on a temporary basis who may or may not be related to one another and who are not living in nursing homes, prisons, or similar institutional care facilities.