

MFHR_Review_OrganizatioENERGY STAR Certified HoniSTAR

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Version 3.132

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User: Zachary ShadidFebruary 13, 2018

OMB Control No. 2060-0586

ADD A QUARTERLY REPORT FOR A PROVIDER

Indicates a required field.

Quarter:

10/01/2017-12/31/2017

Provider:

Select Provider

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Select

State:

Select State

City:

Select City

Homes Labeled:

IAP Homes:

Home Type:

Select Home Type

Verification Method:

Select Verification Method

Developer:

Select Developer

Select

Select only if applicable.

Rater:

Select Rater

Select

Enter only if different than Provider.

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EPA Form 5900-421

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