



Date: _____ Project #: _____
Project Sponsor/Market Actor: _____ Phone: _____

Customer Name: _____ Email Address: _____

Service address: _____ Apt #: _____

City: _____ Zip: _____ Parish: _____

Home Phone: _____ Cell/Work Phone: _____

Check One: Residential Solutions Residential Income Qualified

Building Type: Single family detached Duplex Multi-family (5 or more units)
 Mobile home Apartment: Upper Lower Middle

Foundation Type: Slab Crawl Space/Basement

Number of stories: _____ Sq. Ft. of Conditioned Space: _____

Number of bedrooms: _____ Number of occupants: _____

Heating type: Gas Electric Resistance Heat Pump

Cooling type: AC None

Water Heating Type: Gas WH Electric WH Heat pump WH

Gas appliances: Yes No

Attic Insulation *Project Sponsor affirms that an insulation installation certificate was permanently affixed near the attic opening*

Insulation Type: None Loose-fill fiberglass Loose-fill cellulose
 Loose-fill mineral fiber Fiberglass/rock wool batt

Square feet of ceiling to be insulated: _____ Number of bags installed: _____

Insulation Condition: Good Fair Poor

Existing Base R-value of insulation: _____ Pre install insulation depth ("): _____

Post Install Final R-value: _____ Post install insulation depth ("): _____

By checking this box, Project Sponsor affirms that an insulation installation certificate was permanently affixed near the attic opening.

LEDs (Maximum allowed = 30)

Total # of A19 LEDs installed: _____

Wattage of replaced lamp: _____

Flood BR30 LEDs (Maximum allowed = 30)

Total # of BR30 LEDs installed: _____

Wattage of replaced lamp: _____

Location(s) of installed LEDs:

<input type="checkbox"/> Kitchen _____	<input type="checkbox"/> Bedroom #2 _____
<input type="checkbox"/> Bath #1 _____	<input type="checkbox"/> Bedroom #3 _____
<input type="checkbox"/> Bath #2 _____	<input type="checkbox"/> Dining Rm _____
<input type="checkbox"/> Bath #3 _____	<input type="checkbox"/> Laundry Rm _____
<input type="checkbox"/> Living Rm _____	<input type="checkbox"/> Office _____
<input type="checkbox"/> Bedroom #1 _____	<input type="checkbox"/> Other _____

TOTAL LED/FLOOD BULB COUNT MUST NOT EXCEED 30

Air Infiltration

**project sponsor is required to document pre blower door reading if performed*

Wind shielding level: Well-shielded Normal Exposed

Pre-retrofit CFM₅₀: _____ Post-retrofit CFM₅₀: _____

If Gas Appliances, Enter Carbon Monoxide (CO) Test after Measure Installed (ppm)

If Hazardous/Pre-existing condition exists, fill out on Hazardous/Pre-existence form

Faucet Aerators (existing aerators must be at least 2.5 gallons per minute to qualify)

Number of Aerators: Bath _____ Flow Rate _____

Kitchen _____ Flow Rate _____

Shower Heads (existing shower heads must be at least 2.5 gallons per minute to qualify)

Number of shower heads: _____

Duct Sealing

Cooling Btuh: Heating Btuh: SEER/HSPF: Pre: Post:

<input type="checkbox"/> HVAC 1:	_____	_____	_____	_____	_____
<input type="checkbox"/> HVAC 2:	_____	_____	_____	_____	_____
<input type="checkbox"/> HVAC 3:	_____	_____	_____	_____	_____
<input type="checkbox"/> HVAC 4:	_____	_____	_____	_____	_____
