



Project Sponsor/Market Actor: _____ Phone #: _____

Customer Name: _____ Email Address: _____

Service address: _____ Apt #: _____

City: _____ Zip: _____ Parish: _____

Home Phone: _____ Cell/Work Phone: _____

Income Qualified: Yes NoBuilding Type: Single family detached Duplex Multi-family (5 or more units) Mobile home Apartment: Upper Lower MiddleFoundation Type: Slab Crawl Space/Basement Number of bedrooms: _____

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

Heating type: Gas Electric Resistance Heat Pump Electric Space Heating Cooling type: AC NoneWater 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. **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-existing form

<input type="checkbox"/> Duct Sealing	<u>Cooling Btuh:</u>	<u>Heating Btuh:</u>	<u>SEER/HSPF:</u>	<u>Pre:</u>	<u>Post:</u>
<input type="checkbox"/> HVAC 1:	_____	_____	_____	_____	_____
<input type="checkbox"/> HVAC 2:	_____	_____	_____	_____	_____
<input type="checkbox"/> HVAC 3:	_____	_____	_____	_____	_____
<input type="checkbox"/> HVAC 4:	_____	_____	_____	_____	_____

 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 replaced: _____