**Homeowner Pre-Assessment Questionnaire:**

☐ I have completed the Homeowner Service Request form.

☐ I requested a basic walk-through assessment for my home.

☐ In addition to the free assessment, I requested basic weatherization assistance for my home.

☐ I need assistance from a volunteer in filling out this form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEATING:

☐ Gas Furnace ☐ heat pump ☐ electric resistance ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Age of equipment: ☐ Less than 10 years ☐ 10 to 20 years ☐ 20 to 30 years ☐ 30+ years

Programmable Thermostat: ☐ No, I do not have one. ☐ Yes (If so, is it programmed? ☐ Yes ☐ No)

Fireplace: ☐ Yes ☐ No If yes, ☐ Wood or ☐ Gas

Do you use your fireplace as a heat source? ☐ Yes ☐ No

How many times per year would you guess you use your fireplace? \_\_\_\_\_

Portable Electric Heaters: ☐ Yes (# of units: \_\_\_\_\_ ) ☐ No

COOLING:

☐ Central air conditioning

Age of equipment: ☐ Less than 5 years ☐ 5 to 10 years ☐ 10 to 20 years ☐ 20+ years

☐ Window air conditioners If yes, how many? \_\_\_\_\_\_\_\_

Age of window unit(s): ☐ Less than 5 years ☐ 5 to 10 years ☐ 10 to 20 years ☐ 20+ years

WATER HEATING: ☐ Gas ☐ Electric ☐ Propane

Age of equipment: ☐ Less than 5 years ☐ 5 to 10 years ☐ 10 to 20 years

Number of bathrooms with showers: \_\_\_\_\_\_

How often do you clean or replace your heating/air conditioning system (HVAC) air filter(s)?

How often do you have your HVAC system serviced/tuned up?

Do you currently use CFL or LED lighting? ☐ Not at all ☐ Some ☐ Mostly

Have you conducted any energy conservation strategies in your home before now? ☐ Yes ☐ No

If so, describe (use back of sheet, if needed):