

IBA Home Energy Conservation Program Dwelling Information and Building Specifications Form

Client Name: _____ Client/Job Application ID: _____
Address: _____ Initial Auditor: _____
County: _____ Initial Audit Date: _____

Dwelling Type: Site Built / Single Site Built / Multi Mobile Home

Number of Units (single=1; duplex=2): 1 2 3 4 Other _____

Ownership: Own/Buying Rent

Landlord Rental Agreement Received: Yes No

Landlord Rental Agreement Date Received: _____

Number of Occupants: 1 2 3 4 5 6 7 8 Other _____

Year Built: _____

Lead Test Performed (if built before 1978): Yes No

Lead Found Inside (if built before 1978): Yes No

Lead Found Outside (if built before 1978): Yes No

Lead Safe Work Practices Required (if built before 1978): Yes No

Lead Reported to Family: Yes No

Exterior Walls: Wood Brick Aluminum Vinyl Asbestos Asphalt Slate
 Block Other _____

Roof Type: Gable Hip Shed Flat Gambrel Dormers Other _____

Gutters: Satisfactory / good condition Extensions needed Need replacements None

Framing: Balloon Type Platform Type Combination Balloon/Platform

Exterior Wall Framing: 2 x 4 2 x 6 Other _____

Interior Wall Framing: 2 x 4 2 x 6 Other _____

Existing Wall R-Value: _____

Existing Attic/Ceiling R-Value: _____

Mobile Home Existing Belly Insulation R-Value: _____

IBA HEC Dwelling Info & Building Specifications Form (continued)

Client Name: _____ Client/Job Application ID: _____

Mobile Home Floor Joist Direction: Long Short

Mobile Home Floor Joist Size (inches): _____

Mobile Home Belly Cavity Configuration: _____

Mobile Home Framing Cavity Depth (inches): _____

Mobile Home Ceiling Type: Bowstring Pitched

Mobile Home Ceiling Cavity Depth (inches): _____

Mobile Home Ceiling Area (sq. ft.): _____

Ceiling Height: Basement _____ ft. 1st Floor _____ ft. 2nd Floor _____ ft.

Basement is a conditioned space: Yes No No basement

Area of Living Space: _____ sq. ft.

Number of bedrooms: 1 2 3 4 5 Other _____

Primary Heating Source: Electric Gas LP Gas Kerosine Wood Oil Coal

Secondary Heating Source: Electric Gas LP Gas Kerosine Wood Oil Coal

Annual Heating Cost: \$ _____

Heat Utility: _____

Heat Utility Account Number: _____

Electric Utility: _____

Electric Utility Account Number: _____

Manufacturer of Furnace: _____ Model of Furnace: _____

Furnace Type: Draft hood 80% 90% Heat Pump Mobile Home Other: _____

Furnace Application: Up flow Down flow Horizontal Left Horizontal Right Lowboy

Number of Filters: _____ Filter Size(s): _____

Type of Water Heater: Electric Gas L.P. Gas Tankless Power Vent

IBA HEC Dwelling Info & Building Specifications Form (continued)

Client Name: _____ Client/Job Application ID: _____

Water Heater Capacity (gal): _____

Manufacturer of Water Heater: _____ Model of Water Heater: _____

Type of Gas Cook Stove: Electric Gas L.P. Gas Tankless Power Vent

Manufacturer of Gas Cook Stove: _____ Model of Gas Cook Stove: _____

Condition of Gas Cook Stove: Excellent Good Fair Poor Not working

Central Air: Yes No

Is Central Air Conditioning System working at initial audit? Yes No

Number of Window Air Conditioners: 1 2 3 4 Other _____

Number of Fireplaces in the home: 1 2 3 4 Other _____