



State of Nebraska Weatherization Assistance Program

Mobile Home Energy Audit Data Collection

FORM
WX20

Agency:

☐ BVCAP☐ CAPLSC☐ CAPMN☐ CNCAP☐ NENCAP☐ NWCAP☐ SENCA

Client Name:

Job Number:

Client Address:

City:

Zip Code:

Phone Number:

Auditor Name:

Audit Date:

County:

Year Built:

Previously Weatherized:

/ /

Number of Occupants:

Funding Source:

☐ DOE ☐ LIHEAP ☐ Other

Type of Occupants:

☐ Senior ☐ Juvenile ☐ Juvenile

Ownership:

☐ Owner ☐ Renter ☐ Other

Contact Types:

Name

Type

Relationship

Phone Number

Email

1 Applicant

2 Landlord/Owner 1

3 Landlord/Owner 2

4 Other

HEALTH AND SAFETY

Pressure Diagnostic Measurements:

Blower Door Reading at 50 Pa:

Pre WX: Initials: Target CFM:

Post WX: Initials: Notes:

CAZ Testing Completed:

Verified ☐ Yes ☐ No

(If no, why):

Aluminum Wiring Present:

☐ Yes ☐ No

Location:

Carbon Monoxide Measurements:

Room with Heating System ppm

Room with Water Heater ppm

Living Area ppm

Kitchen ppm

Other ppm

CO Monitor(s) Needed: ☐ Yes ☐ No

Location(s):

Solid Fuel Burning Units:

Solid Fuel Burning Stove/Fireplace Present ☐ Yes ☐ No Fuel TypeProperly Vented ☐ Yes ☐ NoOutside Combustion Air Provided ☐ Yes ☐ No

Additional Health and Safety Comments:

EXHAUST FANS AND VENTING

Location	Existing	Operational	Properly Vented	Fan CFM	Measured Fan Flow	Operable Window	Light
Bath 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dryer			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Building Height FT

Addition Height FT

Measured vertical distance between the lowest and highest above-grade points within the pressure envelope. This height should include the above-grade part of a basement if the basement is within the pressure envelope. Do not include an attic if it is not within the pressure envelope.

Additional Exhaust Fan and Venting Comments:

SHELL INFORMATION

Shielding	Leakiness	Long Wall Orientation	Shell Size	Stud Size	Wall Ventilation	Insulation Type/Thickness	Outdoor WHCloset
Well	Tight	North/South	Width	2x2 2x4	Vented	Batt/Blanket	Yes No
Normal	Medium	East/West	Length	2x3 2x6	Not Vented	Loose Fill	
Exposed	Loose					Foam Core	

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NEO 05-5-15 Revised 03-04-16

SHELL INFORMATION (CONT.)

Additional Wall Information:

Wiring/Electrical Issues ☐ Yes ☐ No

Water Leaks Present ☐ Yes ☐ No

Other Concerns ☐ Yes ☐ No

Moisture Problems Evident ☐ Yes ☐ No

Lead Based Paint Likely ☐ Yes ☐ No

If Yes, what Concerns: _____

Additional Wall Inspection Comments:

WINDOWS

Type	Slider	Frame Type	Glazing	Int. Shade	Ext. Shade	Leakiness
1 Jalousie 2 Slider 3 Fixed 4 Door Window 5 Door Slider 6 Skylight	1 Horizontal 2 Vertical 3 Left-Right 4 Right-Left	1 Wood/Vinyl 2 Metal 3 Imp. Metal	1 Single Pane 2 Sngl. P. w/Storm 3 Sngl. P. Bad/ Storm 4 Double Pane 5 Dbl. P. w/ Low E	1 Drapes 2 Blinds/Shades 3 Drapes w/ Shades 4 None	1 Low E Film 2 Solar Screen 3 Awning 4 Carport 5 Porch 6 None	1 Very Tight 2 Tight 3 Medium 4 Loose 5 Very Loose

Window	Wall Direction				Type	Slider	Frame	Glazing	Interior Shade	Exterior Shade	% of Shade	Leakiness	Width	Height
	N	S	E	W										
Window 01														
Window 02														
Window 03														
Window 04														
Window 05														
Window 06														
Window 07														
Window 08														
Window 09														
Window 10														
Window 11														
Window 12														
Window 13														
Window 14														
Window 15														
Window 16														

Additional Window Inspection Comments:

DOORS

Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 S-Core 3 Insulated Steel 4 Standard Mobile Home Door 5 Single Sliding Glass 6 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of doors with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1. ¾" Oak 2. 1" Oak 3. 1" Bumper 4. 1x5/8" Bumper 5. ½" Bumper 6. ¾" Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

CEILING

Roof Type	Roof Color	Existing Insulation	Height at Center	
Bowstring Flat Pitched	Reflective Shaded Normal	Batts/Blanket _____ in. Loose Fill _____ in. Foam Core _____ in.	Cathedral %	

Additional Ceiling Inspection Information/Details:

Recessed Can Lights Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chimney/Flue Shielding Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Ceiling Inspection Comments:

FLOORS

Floor Joist Direction	Is there a Skirt?	Floor Wing Description	Batt Insulation Location
Lengthwise	Yes	Joist Size (in)	1 Attached to Flooring 2 Between Joist 3 Attached Under Joist 4 Draped Below Joist 5 None
Widthwise	No	Loose Insul (in)	
		Location	
Belly Configuration	Belly Condition	Floor Belly Center Description	
Square	Good	Joist Size (in)	
Rounded	Average	Loose Insul (in)	
Flat	Poor	Location	

Additional Floor Inspection Information/Details:

Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vapor Barrier Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Floor Inspection Comments:

MOBILE HOME ADDITION INFORMATION

Wall Configuration	Long Wall Orientation	Stud Size	Wall Ventilation	Insulation Type/Thickness	Addition Interior Wall
Maximum Wall Height at Interior Wall	North/South	2x2 2x4	Vented	Batt/Blanket	Maximum Height
Maximum Wall Height at Room Center	East/West	2x3 2x6	Not Vented	Loose Fill	Minimum Height
All Addition The Same Height				Foam Core	

Additional Mobile Home Addition Information/Details:

Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead Base Paint Likely	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Mobile Home Addition Comments:

MOBILE HOME ADDITION WINDOWS

Type	Slider	Frame Type	Glazing	Interior Shade	Exterior Shade	Leakiness	Number of Same
1 Jalousie 2 Slider 3 Fixed 4 Door Window 5 Door Slider 6 Skylight	1 Horizontal 2 Vertical 3 Left-Right 4 Right-Left	1 Wood/Vinyl 2 Metal 3 Imp. Metal	1 Single Pane 2 Sngl. P. w/Storm 3 Sngl. P. Bad/ Storm 4 Double Pane 5 Dbl. P. w/ Low E	1 Drapes 2 Blinds/Shades 3 Drapes w/ Shades 4 None	1 Low E Film 2 Solar Screen 3 Awning 4 Carport 5 Porch 6 None	1 Very Tight 2 Tight 3 Medium 4 Loose 5 Very Loose	Number of windows with the same description on this wall

Window	Wall Direction	Type	Slider	Frame	Glazing	Interior Shade	Exterior Shade	% Shade	Leakiness	Number of Same	Width	Height
Window 01												
Window 02												
Window 03												
Window 04												

Additional Window Inspection Comments:

MOBILE HOME ADDITION DOORS

Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 NRP 3 S-Core 3 Insulated Steel 4 Sing. Sliding Glass 5 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of windows with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1 ¾ Oak 2 1 Oak 3 1 Bumper 4 1x5/8 Bumper 5 ½ Bumper 6 ¾ Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

MOBILE HOME ADDITION CEILING

Joist Size	Roof Color	Existing Insulation	Insulation Depth
	<input type="checkbox"/> Reflective <input type="checkbox"/> Shaded <input type="checkbox"/> Normal	<input type="checkbox"/> Batts/Blanket <input type="checkbox"/> Loose Fill <input type="checkbox"/> Foam Core	

Additional Ceiling Inspection Information/Details:

Recessed Can Lights Present ☐ Yes ☐ No
Wiring/Electrical Issues ☐ Yes ☐ No
Moisture Problems Evident ☐ Yes ☐ No
Chimney/Flue Shielding Present ☐ Yes ☐ No
Water Leaks Present ☐ Yes ☐ No
Other Concerns ☐ Yes ☐ No

Additional Ceiling Inspection Comments:

MOBILE HOME ADDITION FLOOR

Floor Type	Floor Length	Additional Floor Batt	Existing Insulation
<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Exposed Floor	Floor Width Joist Size	1 Attached to Floor 2 Between Joists 3 Attach Under Joist 4 None	Type Depth (in)
			1 Batt/Blanket 2 Loose Fill 3 Foam Core

Additional Floor Inspection Information/Details:

Wiring/Electrical Issues ☐ Yes ☐ No
Moisture Problems Evident ☐ Yes ☐ No
Plumbing Leaks Present ☐ Yes ☐ No
Water Leaks Present ☐ Yes ☐ No
Vapor Barrier Needed ☐ Yes ☐ No
Other Concerns ☐ Yes ☐ No

Additional Floor Inspection Comments:

HEATING SYSTEM DETAILS

Equipment Type	Fuel Type	Equipment Location	Input Heating Units	Condition
1 Gravity Furnace 2 Forced Air Furnace 3 Fix. Elec. Resistance 4 Portable Electric 5 Hot Water Boiler	6 Heat Pump 7 V-Space Heater 8 UnV-Space Heater 9 V-Wall Furnace 10 UnV-Wall Furnace	1 Natural Gas 2 Electricity 3 Wood 4 Kerosene	5 Oil 6 Propane 7 Coal 8 Other	1 Heated Space 2 Uncond. Space 3 Unintentionally Heated
			1 No Input 2 kBTU/hr 3 Gals/hr 4 Lbs/hr 5 COM	1 Good 2 Fair 3 Poor (working) 4 Not Working 5 None

System Code	Type	Fuel	% Supply	Loc.	Sq. Ft.	Watts	Amps	Volts	Efficiency	Yr. Purch.	Manufacturer	Model No.
Htng. Syst. 01												
Htng. Syst. 02												
Htng. Syst. 03												

Additional Heating System Inspection Information/Details:

Burner Condition Heating System _____ ☐ Good ☐ Fair ☐ Poor Heating System _____ ☐ Good ☐ Fair ☐ Poor
Pilot Condition Heating System _____ ☐ Good ☐ Fair ☐ Poor Heating System _____ ☐ Good ☐ Fair ☐ Poor
Elect. Serv. Switch Condition Heating System _____ ☐ Good ☐ Fair ☐ Poor Heating System _____ ☐ Good ☐ Fair ☐ Poor
Exist. Smart Thermo. ☐ Yes ☐ No Gas Furnace Drip Leg Present ☐ Yes ☐ No
Exist. Comb. Air ☐ Yes ☐ No Pilot Light ☐ Yes ☐ No
Other Concerns ☐ Yes ☐ No

Additional Heating System Inspection Comments:

COOLING SYSTEM DETAILS

Equipment Type				Condition			
1 Central Air	2 Window Air	3 Heat Pump	4 Evaporative Cooler	1 Good	2 Fair	3 Poor (working)	4 Not Working

System Code	AC Type	% Supply	Area Cooled (sq. ft.)	Size (kBtu/hr.)	SEER	Yr. Purch.	Manufacturer	Model Number	Serial Number
AC. Syst. 01									
AC. Syst. 02									
AC. Syst. 03									
AC. Syst. 04									

Additional Cooling System Inspection Comments:

PRESSURE PAN TESTING

Duct Pressure Pan Measurements With Home at -50 Pascals				Duct Pressure Pan Measurements Without Blower Door Operating			
Duct No.	Duct Location/Description	Pre-sealing	Post-sealing	Duct No.	Duct Location/Description	Pre-sealing	Post-sealing
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			

Supply PA	Before Duct Sealing	After Duct Sealing	Average

Measure with pressure pan and air handler on, average the pressure of the registers closest to and farthest from the air handler.

Additional Pressure Pan Testing Comments:

WATER HEATING SYSTEM DETAILS

Fuel Type	Equipment Location	Input Units	Insulation Type	Shower Heads	
1 Natural Gas 2 Electricity 3 Propane	1 Heated Space 2 Uncond. Space 3 Unintentional Heated	1 kBTU 2 kW	1 Fiberglass 2 Polyurethane	No. of Shower Heads	
				Min/Day	
				Avg. GPM	

System Code	Fuel Type	Equip. Location	Rated Input	Gallons	Manufacturer	Model Number	Serial Number	Ex. Tank Insulation Type	Ex. Pipe Insulation Type
Wtr. Htr. 01									
Wtr. Htr. 02									

Additional Water Heating System Information/Details:

Verified the Existing Unit is Approved for Use in Mobile Homes ☐ Yes ☐ No
 Water Heater Condition Wtr. Htr. 01 ☐ Good ☐ Fair ☐ Poor Wtr. Htr. 02 ☐ Good ☐ Fair ☐ Poor
 Burner Condition Wtr. Htr. 01 ☐ Good ☐ Fair ☐ Poor Wtr. Htr. 02 ☐ Good ☐ Fair ☐ Poor
 Leaking Problems Evident ☐ Yes ☐ No Drip Leg Present ☐ Yes ☐ No
 Pipe Insulation Required ☐ Yes ☐ No Other Concerns ☐ Yes ☐ No

Additional Water Heating System Inspection Comments:

LIGHTING SYSTEM DETAILS

Room		Location		Lamp Type	
1 Family	5 Dining	1 Ceiling	4 Wall	1 Standard	
2 Kitchen	6 Bedroom	2 Floor	5 Closet	2 Floor	
3 Living	7 Bathroom	3 Table	6 Other	3 Other	
4 Rec	8 Utility				

Light Code	Room	Location	Lamp Type	Quantity	Size (watts)	Usage (hr/day)	Comments
LT01							
LT02							
LT03							
LT04							
LT05							
LT06							
LT07							
LT08							
LT09							
LT10							

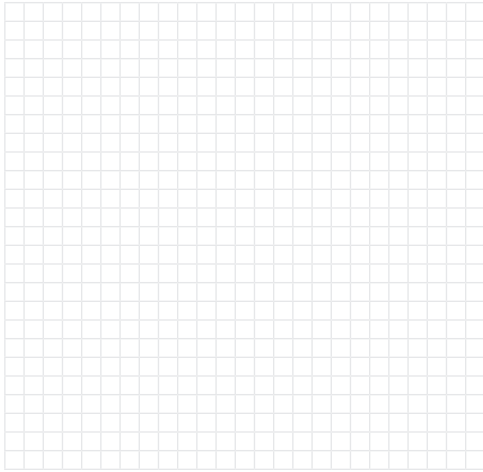
Additional Lighting System Inspection Comments:

SITE DIAGRAM

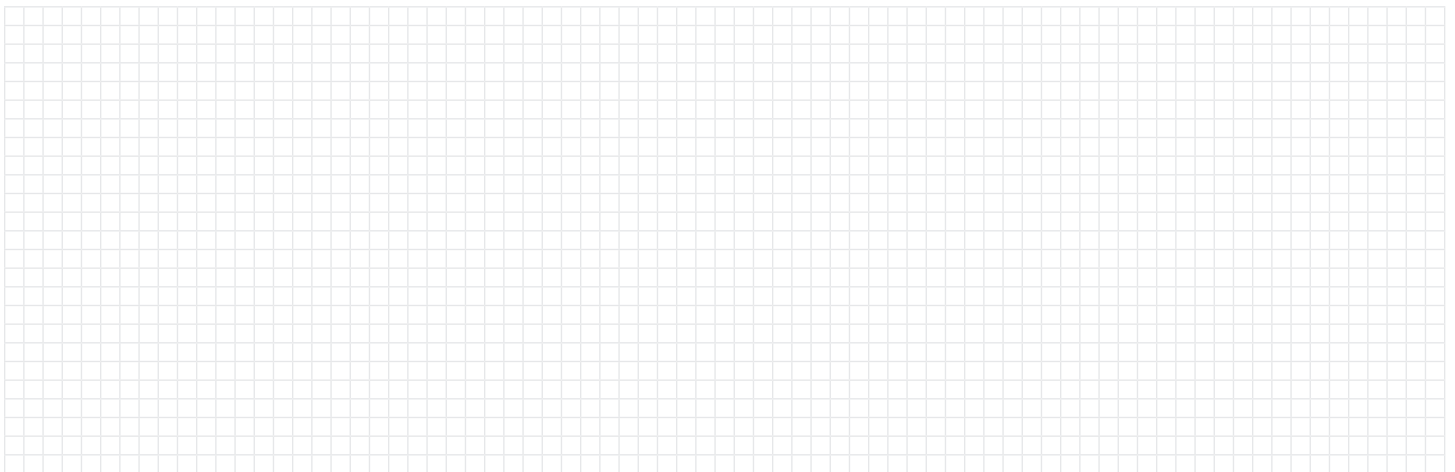
A large grid area for drawing a site diagram. The grid is composed of 30 columns and 40 rows of squares, providing a space for a detailed site plan or diagram.

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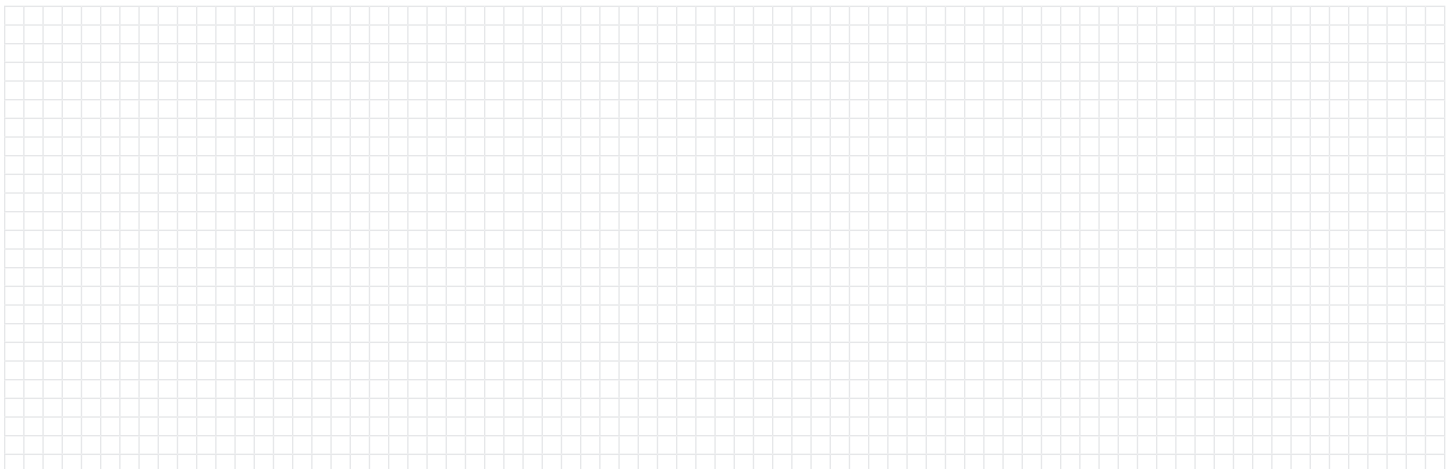
WALL ELEVATIONS



Front: Facing _____ Rear: Facing _____



Left: Facing _____



Right: Facing _____