

ENERGY IMPACT ILLINOIS

Home Performance Contractor Retrofit Information Reporting Form

Submit this form along with the Audit Report and Utility Bill Access Authorization form to address below. Additional forms and information are available at EnergyImpactIllinois.org/contractors. **Questions about this form? Call us at 855-9-IMPACT (855-946-7228).**

If receiving an Energy Impact Illinois loan or rebate, submit to:

Energy Impact Illinois, c/o Delta Institute
35 E. Wacker Dr., Ste 1200, Chicago, IL 60601
E-mail: ei2@delta-institute.org
Fax: (312) 554-0913

If not receiving a loan or rebate submit to:

Energy Impact Illinois, c/o CNT Energy
2125 W North Ave., Chicago, IL 60647
E-mail: contractors@EnergyImpactIllinois.org
Fax: (773) 269-6968

1. General Project Information

Homeowner contact name: _____

Homeowner contact phone: _____ E-mail: _____

Location: _____
Street address City Zip

Building Type: Owner occupied single family Renter occupied single family
 Owner occupied mobile home Renter occupied mobile home
 Entire multifamily building. Number of units (must be 4 or fewer): _____
 Condo unit within multifamily building. Number of units in building: (must be 4 or fewer, unit must be separately heated): _____
 Row home or townhome (shared walls are sides only)

Year of construction: _____ Building volume, including basement (cubic feet): _____ Total square footage : _____

2. Home Energy Assessment (Audit) Information

Company name: _____ Audit completion date: _____

Auditor certification : BPI RESNET

Preliminary building infiltration rate (CFM 50): _____

Gas/propane line examined and all leaks marked for repair:

Combustion safety testing: Pass Fail

Total job hours for audit:* _____ Total audit invoiced cost (\$): _____

Estimated energy savings for total upgrade package, as recommended by audit

Source or method for estimate:

MyHomeEQ deemed savings MyHomeEQ modeled savings

Other (please specify): _____

Estimated electricity saved per year (kWh): _____ Estimated % kWh savings per year : _____

Estimated natural gas savings per year (therms) : _____ Estimated % therms savings per year: _____

*Job hours are the total person-hours worked (e.g., a three-person crew working seven hours equals 21 total job hours)

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3. Home Energy Upgrade (Retrofit) Information

Company name: _____ Retrofit completion date: _____

Contractor certification : BPI RESNET AEE ASHRAE NATE WAP
 Other (please specify): _____

Total job hours:* _____ Total invoiced cost excluding audit: \$ _____ Total customer cost after rebates: \$ _____

Source and amount of rebates : Utility: \$ _____ Energy Impact Illinois: \$ _____
 Other source: \$ _____ Source: _____

4. Installed Measures/New Equipment (Check all that apply.)

Heating :

Furnace: How many? _____ AFUE (%): _____ Model number: _____

Boiler: How many? _____ AFUE (%): _____ Model number: _____

Wood stove: How many? _____

Water heater: How many? _____ Energy factor: _____

Load calculation performed: Manual J heat loss calculation Other energy modeling: _____

Heating/Cooling :

Heat pump: How many? _____ Condensor model number: _____ Evaporator model number: _____

Air conditioner: How many? _____ SEER: _____ EER: _____ Wet/dry bulb (°F): _____ / _____
 Condensor Model Number: _____ Evaporator Model Number: _____ AHRI Reference #: _____

Mechanical ventilation installed. Please describe : _____

Energy Conservation *Note: Program standards require air sealing to be completed prior to each instance of insulation installation*

Attic insulation: Square footage: _____ R-value: Final: _____ – Existing: _____ = Nominal: _____

Duct insulation: R-value: _____

Wall insulation: Nominal R-value: _____ Square footage: _____ Which walls? _____

Floor/foundation insulation: Nominal R-value and square footage _____

Windows installed: How many? _____

Air sealing: CFM 50 after: _____ Where did you air seal? _____

Duct sealing: sum of supply and return leakage to the outside divided by fan flow: _____

Refrigerators. How many? _____

Basement/crawlspace insulation: R value _____ Unconditioned Conditioned, continuous Continuous, cavity

Other : _____

Project Complies with ASHRAE 62.2 2007

Post-Installation Combustion Safety Testing: Pass Fail Test out date: _____

5. Modeled or Estimated Energy Savings for Installed Measures

Source or method for estimate: MyHomeEQ deemed savings MyHomeEQ modeled savings
 Other (please specify): _____

Estimated electricity saved per year (kWh): _____ Estimated % kWh savings per year : _____

Estimated natural gas savings per year (therms) : _____ Estimated % therms savings per year: _____

Estimated annual cost savings: \$ _____