

Weatherization Client Authorization and Disclosure Statements

I have had the weatherization measures that I may qualify for, explained to me and understand that this work will be done at no cost to me. Completion of weatherization services are dependent upon availability of federal funding.

Materials and equipment installed in an eligible dwelling by the low-income weatherization program shall remain in the dwelling. In the event the homeowner or landlord sells the property as a habitable dwelling, materials and equipment installed by the Iowa Low-Income Weatherization Assistance Program shall remain in the dwelling.

Energy Auditor Name: _____
Agency Name: _____
Address: _____
City, Zip: _____
Phone: _____

Client Name: _____
Address: _____
City, Zip: _____
Phone: _____
File Number: _____

Energy Auditor Signature

Date

Client Signature

Date

Client Energy Audit Form

File #: _____ AFN #: _____	App Date: _____ Audit Date: _____ Energy Auditor Name: _____
Name: _____	Floor Area (sq ft): _____ Volume (cu ft): _____ Exposed/ Walkout Basement: _____
Address: _____	# of Stories: _____ Surface Area: _____ Avg. Story Height: _____
City, Zip: _____	<u>Pre-Temperature</u> <u>Post Temperature</u>
County: _____ Phone #: _____	Inside: _____ Outside: _____ Inside: _____ Outside: _____
Primary Vendor: _____	<u>Blower Door Air Leakage Rate (CFM)</u>
Secondary Vendor: _____	Pre-Retrofit: _____ @ _____ Pascals Ring Used: _____
Landlord Information: _____	Post-Retrofit: _____ @ _____ Pascals Location of BD: _____
	Change in CFM: _____ Target Post CFM: _____
	DTL: _____ MVL: _____ Pre Δ P: _____
House Color: _____ Siding Type: _____	Post DTL: _____ Post Δ P: _____
Year Built: _____ # Occupants: _____	<u>Attached/Tuck-Under Garage Blower Door Air Leakage Rate (CFM)</u>
Directions to Home: _____	Pre-Retrofit: _____ Post-Retrofit: _____
	House to Garage Pressure: _____ House to Garage Pressure: _____
Home Ownership: _____ Owner/Buyer/Renter	LSW Required: _____ SHPO Review Required: _____

Vermiculite

Vermiculite Present in Home: _____

Location of Vermiculite: _____

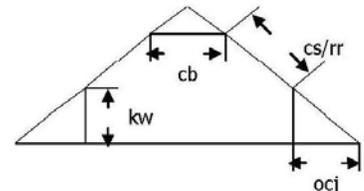
Results of Testing: _____

Knob & Tube Wiring

Knob & Tube Wiring Present in Home: _____

Location of Knob & Tube Wiring: _____

Fuses Present: _____ Amperage: _____



Compact Fluorescent Light Bulbs								
# Needed	Wattage	Location	# Needed	Wattage	Location	# Needed	Wattage	Location

Utility Measures and Safety Equipment						
Measures	# Existing	# Needed	Measures	# Existing	# Needed	Location
Kitchen Faucet Aerator			CO Alarm			
Bathroom Faucet Aerator			Smoke Alarm			
Low-Flow Showerhead			Propane Alarm			
Pipe Wrap						

Refrigerator/Freezer Metering			
Refrigerator 1		Freezer 1	
Brand: _____	_____	Brand: _____	_____
Minutes: _____	Reading: _____	Minutes: _____	Reading: _____
Height: _____	Annual kWh: _____	Height: _____	Annual kWh: _____
Width: _____	Owned By: _____	Width: _____	Owned By: _____
Depth: _____		Depth: _____	
Opening: _____	No Action _____	Opening: _____	No Action _____
Size (cu ft): _____	Remove _____	Size (cu ft): _____	Remove _____
Door Hinge: _____	Exchange _____	Door Hinge: _____	Exchange _____

Refrigerator 2		Freezer 2	
Brand: _____	_____	Brand: _____	_____
Minutes: _____	Reading: _____	Minutes: _____	Reading: _____
Height: _____	Annual kWh: _____	Height: _____	Annual kWh: _____
Width: _____	Owned By: _____	Width: _____	Owned By: _____
Depth: _____		Depth: _____	
Opening: _____	No Action _____	Opening: _____	No Action _____
Size (cu ft): _____	Remove _____	Size (cu ft): _____	Remove _____
Door Hinge: _____	Exchange _____	Door Hinge: _____	Exchange _____

Appliance CFMs											
Pre	Post	Measure	Pre	Post	Measure	Pre	Post	Measure	Pre	Post	TOTAL
		Water Heater			Clothes Dryer			Wood Stove			TOTAL
		Furnace			Fireplace			Other			

Exhaust Fan CFMs							
Current Fan Location	CFMs	Light	Window	Replace/Vent/Install New/NA	CFMs	Wiring	

Notes

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