

LONG ISLAND GREEN HOMES



SELF-CHECK HOME INVENTORY

Name: _____ Address: _____ Phone: _____

Where did you hear about the Long Island Green Homes program? (Please circle)

Recycling Calendar Newsday Beacon/Record CFL Giveaway Word of Mouth Other

Instructions: Please take some time to look through this home inventory checklist and fill out, as best as you are able, any or all information that pertains to your home. You might not be able to access all areas of the home to give this information. You also might not be able to understand and answer all of the checklist items. We are seeking to get a basic understanding of the conditions of your home prior to the energy assessment.

House Information

House Type	# Levels (Excluding Basement and Attic)	# Rooms	Square Footage	Year Built	# Residents in Home	# of Years at Residence

Lighting

Please estimate the number of each type of light fixtures you have in your home:

Chandeliers	Track Lighting	Recessed Lighting	Lamps	Ceiling Fan Lighting

Please estimate the number of each type of light bulb you have in your home:

60 Watt	75 Watt	100 Watt	Fluorescent	* CFLs

Heating/Cooling

Heating:

How many thermostats are in your home? _____ Are they programmable? _____

Where are the thermostats located in your home? _____

What temperature do you typically keep your thermostat(s) set to? _____

What kind of distribution system heats your home? (Please circle) Hot Water Baseboard Radiant Heat Forced Air

How many heating units do you have in your home? _____

Where are these units located in the home? _____

What kind of heating system do you have? (Please circle) Oil Gas Electric

How old is the heating unit? _____

Do you regularly change the filters? Yes No

Do you have a water heater? Yes No If Yes, how old is the unit? _____

What type of water heater do you have? (Please circle) Tankless Stand Alone Indirect

Is the hot water piping attached to the boiler/water heater insulated? Yes No

Do you ever run out of hot water? Yes Frequently Yes Occasionally No

Cooling:

Which kind of cooling device do you use for your home and where are they located?

* Number of Wall Air Conditioners _____ Location(s) _____

* Size of Central Air Conditioner Unit _____ Location of Duct(s) _____

How old is the air conditioner(s)/central air unit? _____

NOTE: The symbol * next to certain checklist items denotes that these are incentive items with the LIPA Clean Energy Initiative.

Exhaust Fans/Vents: (Exhaust fans and vents are designed to remove hot air and moisture from the interior of the home)
 How many of the following exhaust fans/vents in your home?

Bathroom Exhaust Fan	Kitchen Exhaust Fan	Attic Exhaust Fan	Dryer Vent

Appliances/Electronics

Appliances:

Please circle and fill in all of the following that pertains to the appliances that are in your home:

Range: Electric Gas Propane How old is the unit? _____

Oven: Electric Gas Propane How old is the unit? _____

Refrigerator: How many cubic feet is the unit? _____ How old is the unit? _____
 Is the unit Energy STAR Qualified? Yes No

* Clothes Washer: How old is the unit? _____ Is the unit Energy STAR Qualified? Yes No
 Clothes Dryer: Is the unit gas or electric powered? _____ How old is the unit? _____

Dishwasher: How old is the unit? _____ Is the unit Energy STAR Qualified? Yes No

Electronics:

Please fill out and circle the information pertaining to the electronics in your home:

Computers: How many computers do you have in your home? _____

Television Sets: What kind of television set(s) do you have in your home? (Please circle) Flat Plasma Flat LCD Standard

Windows

Please specify what kind of windows you have and how many of each type you have in your home:

Standard, Single Pane Windows: Yes No If Yes, how many? _____

Thermo-Pane Windows: Yes No If Yes, how many? _____

Storm Windows: Yes No If Yes, how many? _____

Frame Material: (Please circle) Wood Metal Vinyl

How would you describe your windows' condition? Excellent Good Bad Poor

Entrances

How many entrances do you have going in and out of your home? _____

Where are these entrances located in your home? _____

Basement Space (if this applies to your home)

What kind of basement do you have? Finished Unfinished

Is your basement a heated space? Yes No

Is there a door at the basement stairs? Yes No

How thick is the insulation in the rafters of the basement? _____

How is the insulation distributed? _____

Crawl Space (if this applies to your home)

How many crawl space(s) do you have in your home? _____ How high is the crawl space(s)? _____

Where are the crawl space(s) located in your home? _____

Are the crawl space(s) accessible? Yes No

What is the floor of the crawl space(s) made of? Dirt Concrete Other

Attic Space

How thick is the insulation in your attic? _____

How is the insulation distributed? _____

How do you get access to the attic? _____

Do you use your attic for storage? _____

Fireplaces

Do you have any fireplace(s) in your home? Yes No If Yes, how many? _____

Do you have any wood/coal/biomass burning stove(s) in your home? Yes No If Yes, how many? _____

Does the damper seal properly? Yes No

Have you had the flue cleaned? Yes No

Dehumidifier/Humidifier

Do you use a dehumidifier? Yes No

Do you use a humidifier? Yes No

Drafts/Problem Areas

Please answer the following questions pertaining to potential drafts in your home:

Do you have any rooms that are always too cold? Yes No

If Yes, please describe _____

Do you have any rooms that are always too hot? Yes No

If Yes, please describe _____

Does your home cycle from too hot to too cold? Yes No

If Yes, please describe _____

Is there any known moisture or condensation problems in your home? Yes No

If Yes, please describe _____

Does the basement get wet at any time? Yes No

If Yes, please describe _____

Does the basement ever smell musty? Yes No

If Yes, please describe _____

Do icicles ever form on the eaves or gutters during the winter? Yes No

If Yes, please describe _____

Does your roof ever leak? Yes No

If Yes, please describe _____

Health Issues

Please answer the following questions pertaining to potential health issues you might be experiencing in your home:

Do any occupants of the home suffer from chronic headaches, colds, flu or nausea? Yes No

If Yes, please describe _____

Do any of the occupants suffer from Asthma? Yes No

If Yes, please describe _____

Do any of the occupants suffer from dry skin in the winter? Yes No

If Yes, please describe _____

Additional Concerns

Please describe any other concerns or problem areas that are affecting your home that weren't asked on this form.

Are you currently undergoing or planning to undertake home renovations? Yes No

If yes, briefly describe _____

What is your primary reason for seeking a home energy assessment? (Please circle)

Energy Bill Reduction Home Comfort Issues Home Health Issues Reduce Carbon Footprint Other

If Other, please explain _____