

Form 320T  
**Incentive Application—Mobile Homes**  
**Existing Homes Program**

<i>Program Use Only</i>
FastTrack ID



To be completed by Participant and Trade Ally

**Conservation Services Group (CSG) is a Program Management Contractor for Energy Trust of Oregon.**

<b>Company</b>	<b>Technician</b>	<b>PTCS #</b>	<b>Install Date</b>
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**Participant Information** *(All information must be complete.)*

Participant Name		Participant Type <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant (manager's approval required) <input type="checkbox"/> Property Owner/Manager		
Site Address	Unit #	City	State	Zip
Mailing Address <i>(if different)</i>		City	State	Zip
County	Email Address	Occupancy <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate Number		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	

**Utility Information** *(please check the box for your service utility)*

<b>Electric</b>	<input type="checkbox"/> Portland General Electric	<input type="checkbox"/> Pacific Power	<input type="checkbox"/> Other Electric Utility (specify)
<b>Gas</b>	<input type="checkbox"/> NW Natural	<input type="checkbox"/> Cascade Natural Gas	<input type="checkbox"/> Other Gas Utility (specify)

**Site Information**

Year Built	Make	<input type="checkbox"/> Singlewide	<input type="checkbox"/> Triplewide	<b>Water Heater Fuel</b>	
		<input type="checkbox"/> Doublewide	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Electric	<input type="checkbox"/> Other
				<input type="checkbox"/> Gas	_____
<b>Length</b>	<b>x</b>	<b>Width</b>	<b>=</b>	<b>Square Feet</b>	<b>x</b>
_____	<b>x</b>	_____	<b>=</b>	_____	<b>x</b>
					<b>Height</b>
					<b>=</b>
					<b>Volume</b>
					_____
Cooling	<input type="checkbox"/> Central A/C	Main Heating System	<input type="checkbox"/> Electric Furnace	Heating System Age	<input type="checkbox"/> 0-10 years
	<input type="checkbox"/> Room A/C		<input type="checkbox"/> Gas Furnace		<input type="checkbox"/> 10-20 years
	<input type="checkbox"/> Heat Pump		<input type="checkbox"/> Heat Pump		<input type="checkbox"/> 20 years plus
	<input type="checkbox"/> None		<input type="checkbox"/> Other (specify) _____		

**Trade Ally Section**

<b>Combustion Appliance Zone Test</b>	Combustion Appliances Vented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		CO Monitor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Existing			
	Reading – Baseline = Net			Internal Doors Open		Internal Doors Closed
	Zone/Appliance	Baseline	Reading	Net	Reading	Net
Record baseline pressure of zone with reference to outside with all exhaust devices and air handler off. With air handler on, record gauge readings. If net depressurization is more than -3 Pascals, additional measures shall be taken to correct negative pressure in the CAZ. If manometer is adjusted to the baseline pressure, only record the net.						

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<b>Minimum Ventilation Level Measurement</b> <i>(required before performing air or duct sealing on all homes, check the box below with the highest CFM ____ X N = ____ target CFM<sub>50</sub>)</i>	<b>C ____ X H ____ X S ____ = N ____</b> N is a correlation factor (usually 20 for Mobile Homes); C is the climate factor (about 20 for most areas); H is the height correction factor (use 1 for single story); S is the wind shielding correction (well shielded is 1.2, normal is 1, exposed is 0.9) <b>(If MVL is greater than Ventilation Potential (VP), Mechanical Ventilation is required)</b>	
	<b>Initial ____ CFM<sub>50</sub> ÷ N = ____ Ventilation Potential (VP)</b>	
<input type="checkbox"/> MVL based on known occupancy ____ occupants x 15 CFM = ____	<input type="checkbox"/> MVL based on number of bedrooms ( ____ bedrooms + 1 ) x 15 CFM = ____	<input type="checkbox"/> MVL based on ACH <sub>nat</sub> and volume (.35 ACH <sub>nat</sub> x ____ volume) / 60 = ____
<b>Ventilation System</b> <i>*if approved mechanical ventilation strategy exists, MVL threshold may be waived</i> <b>NOTE: incentives will not be paid on a project when the MVL is greater than ventilation potential, unless an approved mechanical ventilation strategy exists.</b>		<input type="checkbox"/> Continuous rated fan with programmable timer <input type="checkbox"/> Fresh air 80s or 100s <input type="checkbox"/> Mechanical damper with 24 hr timer
<input type="checkbox"/> Participant was given Energy Trust notification of the MVL of the unit		<b>Exhaust Fan</b> Measured CFM ____ Required operation ____ hrs/day

<b>Duct Leakage to Outside Test</b> <i>(Pressurize house to +50Pa with regard to outside and pressurize ducts to 0Pa with regard to house pressure.)</i>	<b>House Pressure</b>	<b>Fan Pressure</b>	<b>Ring</b>	<b>Flow</b>
	Pre Pa	Pa	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	CFM <sub>50</sub>
	Post Pa	Pa	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	- CFM <sub>50</sub>
<b>Pressure Tap Location</b> _____	<b>Duct Blaster Location</b> _____		<b>Leakage Reduction =</b>	CFM <sub>50</sub>
Please indicate test in pressure if home tested under 50 Pa House Pressure	Pre Test ____ CFM ____ Pa x Conversion Factor ____ =			CFM <sub>50</sub>

<b>Air Sealing Test</b> (Depressurize house to -50Pa with regard to outside.). Pre test: After duct sealing but before air sealing. Post test: After air sealing.	<b>House Pressure</b>	<b>Fan Pressure</b>	<b>Ring</b>	<b>Flow</b>
	Pre Pa	Pa	<input type="checkbox"/> 0 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	CFM <sub>50</sub>
	Post Pa	Pa	<input type="checkbox"/> 0 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	- CFM <sub>50</sub>
VP for Pre CFM <sub>50</sub> / N = ____	VP for Post CFM <sub>50</sub> / N = ____		<b>Leakage Reduction =</b>	CFM <sub>50</sub>
Please indicate test in pressure if home tested under 50 Pa House Pressure	Pre Test ____ CFM ____ Pa x Conversion Factor ____ =			CFM <sub>50</sub>

<b>Complex Duct Repair<sup>1</sup></b>	<b>Type of Repair Made</b>	<b>Condition of Existing Crossover</b>
	<input type="checkbox"/> Crossover replaced or major repair to crossover (circle which) <input type="checkbox"/> Repair made to furnace closet <input type="checkbox"/> Add /repair return ducts <input type="checkbox"/> Other (describe)	
<b>Notes</b>		

<sup>1</sup> Applications with complex duct repairs must include photos of the ductwork prior to the repair and after the repair. Photos can be submitted to [mobesforms@energytrust.org](mailto:mobesforms@energytrust.org) along with the application.

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Payment	Work Performed	Payment
<b>Duct and Air Testing and Sealing</b>	<input type="checkbox"/> Air Leakage Test	\$
	<input type="checkbox"/> Air Sealing <ul style="list-style-type: none"> <li>• Minimum reduction 100 CFM<sub>50</sub> single-wide; 200 CFM<sub>50</sub> double-wide or larger</li> </ul>	\$
	<input type="checkbox"/> Duct Leakage Test	\$
	<input type="checkbox"/> Duct Sealing <ul style="list-style-type: none"> <li>• Pre-test of 100 CFM<sub>50</sub> or greater single-wide</li> <li>• Pre-test of 150 CFM<sub>50</sub> or greater double-wide</li> <li>• Must achieve minimum 50% reduction WRT outside</li> </ul>	\$
	<input type="checkbox"/> Complex Duct Repair <i>a work quality verification will occur when multiple duct repairs exist</i>	\$
	<input type="checkbox"/> Carbon Monoxide detector <ul style="list-style-type: none"> <li>• Required when combustion appliances are within conditioned living space of a home</li> </ul>	\$
<b>Total Payment to Contractor</b>		<b>\$</b>

**Terms and Conditions**

**APPLICATION:** This application must be filled out completely, truthfully and accurately. Participants are advised to retain a copy of this application and any accompanying documentation submitted to Energy Trust’s Existing Homes program. Energy Trust will not be responsible for lost documentation pertaining to this application request. Incentive offers are subject to funding availability and may change.

**ELIGIBILITY:** Incentives are available to approved Participants who are: (i) Oregon residential electric service customers of Portland General Electric or Pacific Power, and/or (ii) Oregon residential natural gas service customers of NW Natural or Cascade Natural Gas. Incentives for energy-saving measures that help save on the cost of home heating are available to Portland General Electric and Pacific Power customers who heat their homes with electricity and to NW Natural or Cascade Natural Gas customers who heat their homes with natural gas. Final determination of eligibility shall rest solely with Energy Trust.

**WORK QUALITY VERIFICATION:** Trade Ally Contractor will verify that the installed energy-saving measures meet program requirements and Energy Trust of Oregon weatherization specification standards. Outdoor temperatures may affect this verification process. Participant’s home may also be selected for a quality control post-installation visit. No warranty is implied by this work quality verification.

**PAYMENT:** The incentives will be promptly paid upon: (i) completion of the energy-saving measures, (ii) verification of the measures, and (iii) **submission of this completed application with all required information attached.** Incentives will be paid to Trade Ally Contractor. Work subjected to a post-installation work quality verification will not be paid until after the specialist verifies that the work meets program specifications and standards.

**INCENTIVE AMOUNT:** Incentives for the energy-saving measures completed as set forth in this application are limited to the amounts provided by Energy Trust. Current incentive amounts are identified on the web at [www.energytrust.org](http://www.energytrust.org). Contact Energy Trust with any questions.

**TAX LIABILITY:** Energy Trust is not responsible for any tax liability, which may be imposed on the Participant as a result of payment of any grant funds or any other incentives. Energy Trust is not providing tax advice, and any communication by Energy Trust is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code.

**FACSIMILE/SCANNED:** Facsimile transmission of any signed original document, and the retransmission of any signed facsimile transmission, shall be the same as delivery of the original signed document. Scanned original documents transmitted to Energy Trust as an attachment via electronic mail shall be the same as delivery of the original signed document. At the request of Energy Trust, Participant shall confirm documents with a facsimile transmitted signature or a scanned signature by providing the original document.

**SAFETY AND BUILDING CODES:** Participant represents that: (i) all products installed and work performed complies with all federal, state and local safety, building and environmental codes, and (ii) products are UL listed, if applicable, and installed per manufacturer’s instructions.

**NO ENDORSEMENT:** Energy Trust does not endorse any particular manufacturer, contractor or product in promoting the Existing Homes program. The fact that the names of particular manufacturers, contractors, products or systems may appear on this application does not constitute an endorsement. Manufacturers, contractors, products or systems not mentioned are not implied to be unsuitable or defective in any way.

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**PROPERTY RIGHTS:** Participant represents that Participant and/or Trade Ally Contractor has the right to perform the energy-saving measures on the property on which those measures are performed and that any necessary landlord's consent has been obtained.

**ACCESS AND EVALUATION:** Energy Trust and/or its representatives may request access to the property and may review and evaluate the project during and after completion. Participant agrees to provide reasonable access to the property for the purposes described herein.

**ENERGY INFORMATION RELEASE:** Participant authorizes Energy Trust to access energy usage data for the project's specified electric and natural gas accounts at the physical address of the project. Participant agrees to provide other reasonable assistance to Energy Trust to obtain such information.

**INFORMATION RELEASE:** Participant agrees that Energy Trust may include Participant's name, Energy Trust services and resulting energy-savings in reports or other documentation submitted to the Energy Trust Board of Directors, the Oregon Public Utility Commission, Oregon Department of Energy, Oregon Housing & Community Services, and/or the Oregon Legislature. Energy Trust will treat all other information gathered in evaluations as confidential and report it only in the aggregate.

**ELIGIBLE PRODUCTS:** To be eligible for incentives, installed energy saving measures must meet Energy Trust energy efficiency specifications. These specifications may be found on the web at [www.energytrust.org](http://www.energytrust.org). If you, or your contractor, are not sure of the specifications, please call Energy Trust before proceeding.

**DISCLAIMER / NO LIABILITY:** Participant understands that, while Energy Trust is providing Participant with an incentive payment for these energy efficient measures, Energy Trust is not supervising work performed for Participant nor is Energy Trust responsible in any way for proper completion of that work or proper performance of any products purchased. Energy Trust is simply providing funding to assist Participant in implementing energy-saving measures. Participant assumes the risk of any loss or damage(s) that Participant may suffer in connection with installation of the measures. Energy Trust does not guarantee any particular energy-savings results by its approval of the application or by any other of its actions.

**Trade Ally Signature**

By my signature, below, I certify that I have performed the tests as described on this **Form 320T: Incentive Application—Mobile Homes**, that the form is complete, and that all information on the form is accurate.

Technician Name <i>(please print)</i>	Technician Signature	Date
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**CO Detector Received**     Yes, Participant did receive     No, Participant did not receive     N/A, already existing

**Participant Signature**

By signing below, Participant agrees to the terms and conditions of this application, and represents to Energy Trust that all measures have been completed satisfactorily as of the signature date below. Participant affirms that Contractor has fully explained Building Ventilation measurements, and all installed measures reported in this application. Participant agrees to install adequate mechanical ventilation should Building Ventilation be assessed at less than MVL, incurring any and all costs associated with its installation.

Participant Name <i>(please print)</i>	Participant Signature	Date
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Would you like a complimentary work quality verification to confirm work was completed to Energy Trust standards? Work quality verification dependent on available program resources.

**NOTE: Form 301CDI must be submitted with this application.**

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