

# In-Home Energy Services

Residential and  
Existing Multifamily

Customer Authorization &  
Home Energy Assessment

Form 300<sub>IES</sub>



To be completed by Customer and Home Energy Advisor (or HEA Provider)

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*CLEAResult Consulting, Inc. ("CLEAResult") is a contractor of Energy Trust of Oregon*

## Customer Authorization

**Section 1** - By signing this authorization on the Customer signature line below, Customer acknowledges, agrees to, and authorizes the following:

- A Home Energy Assessment (HEA) was completed at the site located at the address specified below ("Site") by either a representative of Energy Trust's In-Home Energy Services (IES) Program ("Home Energy Advisor") or a third-party HEA provider that is enrolled as an Energy Trust trade ally ("HEA Provider"). The results of the HEA are documented below, or in a separate HEA report when applicable, and identify eligible home energy upgrades at the Site, if any. The resulting recommendations may also include critical home repairs that are required to remove barriers to completing the energy upgrades, address health and safety risks identified by the HEA, and/or are necessary for the long-term effectiveness of the proposed upgrades.

**Section 2** - By selecting the checkbox below, Customer acknowledges, agrees to, and authorizes the following:

- The Program team will coordinate Site walk-throughs and request Contractor bids for the upgrades selected by Customer below, or as part of the assessment report. **To coordinate obtaining estimates for the home energy upgrades selected by Customer in this form, Energy Trust may share Customer's contact information with Energy Trust-selected trade ally contractors ("Contractors").**
- **The installation of energy upgrades will not begin until Customer signs the applicable Contractor bids.**
  - Program representatives will present Customer with Contractor bids that are preapproved by Energy Trust<sup>1</sup>. Bids will include all anticipated project costs, including those that the Customer may be responsible for. Customer is responsible for any portions of the invoices that are not covered by Energy Trust incentives.
  - Customer agrees to review all preapproved bids in detail before signing them and authorizing the work.
  - If Customer opts to pursue all or a portion of the work, Customer must sign the applicable bids and work with a Program representative and the selected Contractor(s) to complete any energy upgrades chosen by the Customer at the Site. If Customer does not authorize the bid(s), the work will not proceed.
  - Customer may reach out to the Program team to address any questions prior to signing.

<input type="checkbox"/> <b>Customer approves Section 2</b>
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<sup>1</sup> During preapproval, the Program will confirm that the proposed scopes of work match the chosen HEA recommendations and Program requirements and that quoted price(s) are within Program cost parameters.

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Customer (Homeowner or Rental Property Owner/ Manager) Name and Signature			
<p>By signing below, Customer (i) agrees to all of the terms and conditions on this form including Section 1 and, if approved by Customer, Section 2; (ii) acknowledges that this form is also subject to the terms and conditions previously agreed to in <b>Form 350IES: Customer Participation Agreement</b>, and (iii) represents that they are either the owner or property manager of the Site. If Customer is the property manager, they represent that they have the legal authority to enter into this agreement on behalf of the Site owner. If applicable, Customer authorizes a Program representative or HEA Provider to submit this authorization to Energy Trust on Customer's behalf.</p>			
★ Customer signature	★ Full name (please print and use same name as on invoice)	★ Date	
★ Site Address	★ City	★ State	★ Zip
★ Customer email address		★ Customer phone	

★ Is an HEA Provider completing this Home Energy Assessment and requesting funding for this assessment?

Yes, HEA Provider must complete the HEA Provider Name and Signature section below.

No, HEA Provider signature is not needed.

HEA Provider Name and Signature (If applicable)			
<p>To receive funding for a qualifying HEA, the HEA Provider completed the HEA understands and agrees that, if this authorization is fully signed and all requirements are met (e.g., an HEA invoice, Form 350 IES: Customer Participation Agreement, and a completed assessment report are submitted), Energy Trust will issue the funding check to the HEA Provider named below at the address listed below. HEA Provider must have an approved <b>Form 371HEA</b> on file with Energy Trust and have attended the Energy Trust Residential Specifications Manual Training.</p> <p>By signing below, HEA Provider certifies that they have read and agree to the terms and conditions on this form, have completed the work in compliance with all Energy Trust requirements (including those on <b>Form 371HEA</b>), that this authorization, accompanying invoice(s) and documentation are complete and accurate, and that the HEA that the HEA Provider is requesting funding for was completed as of the signature date below. Incentives offers are subject to funding availability and may change. Please allow 4-6 weeks for incentive processing. Failure to deliver all required information may result in a delay or withholding of payment. Energy Trust is not responsible for any tax liability that may be imposed as result of any incentive payments, Energy Trust is not providing tax advice, and Energy Trust communications cannot be used for the purposes of avoiding IRS penalties.</p>			
★ HEA Provider signature	★ Full name (please print)	★ Date	
★ HEA Provider company	OCCB# (if applicable)	★ HEA date	
★ Company Address (To receive funding check)	★ City	★ State	★ Zip

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## Energy Bill Payment Experience

★ Questions about energy burden and comfort experience are required.

★ Do you ever struggle to pay your electricity bill?     Never     Sometimes     Often     Other:

Do you struggle to pay for any other necessities? (food, medicine, water bills, etc.)     Never     Sometimes     Often     Other:

## Comfort Experience

★ In the winter, do you ever turn down/off your heating system to purposefully make your bills more affordable?     Never/Rarely     Sometimes     Often

(If 'Sometimes' or 'Often'), does this lead to uncomfortable indoor temperatures?     Yes     No

★ In the summer, do you ever turn down/off your air conditioning to purposefully make your bills more affordable?     Never/Rarely     Sometimes     Often     We do not have AC

(If 'Sometimes' or 'Often'), does this lead to uncomfortable indoor temperatures?     Yes     No

During periods of wildfire smoke, how do you cool your home? (Check all that apply)

Room/Portable AC units  
 Fans  
 Open windows

Have you or someone in your household experienced increased medical costs or medical visits due to **heat waves** in recent years?     Yes     No

Have you or someone in your household experienced increased medical costs or medical visits due to **wildfires** in recent years?     Yes     No

Do you or someone in your household have respiratory or other potentially housing-related health issues that might be improved with insulation or effective heating and cooling?     Yes     No

Does someone in your household have medical needs that require electricity?     Yes     No

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## Optional Customer Demographic Information (If completed, choose all that apply)

### Why is Energy Trust asking for this information?

Energy Trust is asking customers to submit demographic information because it is our responsibility to ensure that all customers can directly benefit from our services. We believe demographic data collection is a simple yet powerful tool for pursuing equity and inclusion in our work and programs. Receiving the information below about our customers will give us a clearer picture of program participation rates within our Residential Programs. We will use that information to assess our offers and identify barriers to participation, enabling us to develop and improve offers to reduce or eliminate those barriers. Questions about household income and full-time residents can help identify if you and your household may be eligible for increased Energy Trust incentives.

Providing this information is optional, does not impact your participation in the program, and will be held confidential by Energy Trust.

### Which of the following racial and ethnic backgrounds best describe you?

(choose all that apply)

- Asian or Asian American
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern or North African
- Native American or Alaskan Indian
- Native Hawaiian or other Pacific Islander
- White
- Some other race:  
\_\_\_\_\_
- Prefer not to answer

### What best describes your gender?

- Female
- Male
- Non-binary/third gender
- Prefer to self-describe  
\_\_\_\_\_
- Prefer not to answer

### How long have you lived in your current home?

- Less than a year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years
- Don't know
- Prefer not to answer

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## HOME ENERGY ASSESSMENT

Customer Information		
Customer Name:		
Customer Type: <input type="checkbox"/> Homeowner <input type="checkbox"/> Rental Property Owner/Manager		
Resident Name:		
Resident Type: <input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Rental Property Owner/Manager		
Site Information		
<input type="checkbox"/> Detached, Single-Family Home <input type="checkbox"/> Manufactured Home		
<input type="checkbox"/> Duplex, Triplex, or Fourplex <input type="checkbox"/> Side-by-side unit with no residences above or below, such as a townhome		
Electric Provider: <input type="checkbox"/> Pacific Power <input type="checkbox"/> PGE <input type="checkbox"/> Other		
Gas Provider: <input type="checkbox"/> NW Natural <input type="checkbox"/> Avista <input type="checkbox"/> Cascade Natural Gas <input type="checkbox"/> Other		
Year Built	Sq. Ft.	# Stories
Foundation/Basement: <input type="checkbox"/> Garage/basement combo <input type="checkbox"/> Crawlspace <input type="checkbox"/> Crawlspace w/ vapor barrier		
<input type="checkbox"/> Half basement <input type="checkbox"/> Full basement <input type="checkbox"/> Slab on grade		
Home Energy Systems Information		
1. Heating Systems (please check off all heating systems in the home)		
<input type="checkbox"/> Electric Heat: <input type="checkbox"/> Elec Resistance Forced Air (Furnace) <input type="checkbox"/> Elec Resistance Zonal (Baseboard, Cadet, etc.) <input type="checkbox"/> Heat Pump		
<input type="checkbox"/> Natural Gas Heat: <input type="checkbox"/> Forced Air (Furnace) <input type="checkbox"/> Boiler <input type="checkbox"/> Other		
<input type="checkbox"/> Other Heat (propane, oil, wood, etc.):		
Primary: Which heating system heats the primary living space (e.g. living room, great room, etc.):		
If 'Other' Primary Heat, is a replacement recommended? <input type="checkbox"/> Replace with Electric <input type="checkbox"/> Replace with Natural Gas		
Is the primary heating system functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No   If a heat pump, is the heat pump technology working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Heating System Thermostat Type: <input type="checkbox"/> Non-programmable <input type="checkbox"/> Programmable <input type="checkbox"/> Smart Thermostat (Nest, Eco-bee, Other)		
Does the home have Wi-Fi? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there secondary non-electric heating? (Wood stove, Propane, etc.) <input type="checkbox"/> Yes (please describe):		
2. Water Heating		
Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas   Location: <input type="checkbox"/> Garage <input type="checkbox"/> Utility/ Laundry Room <input type="checkbox"/> Basement <input type="checkbox"/> Other:		
3. Cooling		
Central AC: <input type="checkbox"/> Yes <input type="checkbox"/> No   Amount of Room AC Units (Window and/or Portable):		
4. Attic/Ceiling Insulation		
Approximate R-value: _____   Attic Type: <input type="checkbox"/> Flat <input type="checkbox"/> Vault <input type="checkbox"/> Vermiculite Insulation present <input type="checkbox"/> Knob & Tube Wiring present		

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<b>5. Floor Insulation (optional, if easily accessible)</b>			
Approximate R-value:	<input type="checkbox"/> Standing water present	<input type="checkbox"/> Exposed Soil/No Ground Cover	<input type="checkbox"/> Disconnected/Damaged Ducts
<b>6. Windows</b>			
Window Type (majority): <input type="checkbox"/> Single-pane <input type="checkbox"/> Double-pane or more		Frame Type: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl	
<b>Other Health and Safety Concerns:</b> Please check any/all of the following:			
<input type="checkbox"/> Need for Functioning Smoke Detectors (1 per floor) <input type="checkbox"/> Non-functioning Bathroom/Kitchen Exhaust Fan(s) <input type="checkbox"/> Mold/Mildew			
<input type="checkbox"/> Need for Functioning CO Monitor, if Combustible Appliances Present (1 per floor)			

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<b>Home Energy Assessment (HEA) Energy Upgrade Scope of Work:</b> <i>Indicate the possible eligible energy upgrades and scope of work agreed upon with the Customer in this section. The Customer approval and signature on this form will apply to all upgrades in this section.</i>	<b>Is the home eligible?</b> (Yes/No)	<b>Is the Customer interested?</b> (Yes/No/Unknown)
<b>1. Ductless Heat Pump:</b> Suggest if the home has electric resistance zonal heat like baseboard or wall cadet heaters that serve the primary living space		
<b>2. Ducted Heat Pump:</b> Suggest if the home has an electric resistance forced air furnace		
<b>3. Heat Pump Water Heater:</b> Suggest if the home has an older electric water heater located in garage, unfinished basement, or utility room		
<b>4. Attic Insulation:</b> Suggest if the home has less than R-18 (typically 6 inches of insulation or less)		
<b>5. Floor Insulation:</b> Suggest if the home has less than 3-4 inches of floor insulation (R-11 or less)		
<b>6. Wall Insulation:</b> Suggest if walls appear structurally sound and are uninsulated.		
<b>7. Referral to Community Action Agency (CAA):</b> <i>Income-qualified residents may be eligible for free HVAC/weatherization services through their local CAA</i>	Customer Preferred Pathway: <input type="checkbox"/> IES <input type="checkbox"/> CAA <input type="checkbox"/> Undecided	

<b>Additional Notes</b>
1. Are there any energy upgrades you will assist the Customer to pursue? Which ones?
2. If the Customer was eligible for any measures, but not interested, please describe why:
3. Other Notes (e.g. expand on health and safety concerns, further describe secondary heating sources, etc.):
4. If the existing water heater is electric and, in the garage, unfinished basement, or utility room, collect the following details: <ul style="list-style-type: none"> <li>• Customer okay with sound, cool air, and maintenance requirements <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Condensate drain within 10' on same wall (ext. wall, floor drain, wash. Machine, sink, or furnace condensate) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• 30AMP Circuit breaker for existing water heater <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Existing water heater – Age: _____ Capacity (gal): _____</li> <li>• Additional equipment attached to water heater (expansion tank, recirculation pump, mixing valve)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>

**Residential**