In-Home Energy Services





To be completed by Customer or Referral Organization representative on behalf of Customer

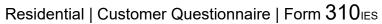
Energy Trust of Oregon is a nonprofit organization that assists investor-owned utility customers with energy efficiency and renewable energy projects. Energy Trust may be able to cover the entire cost, or significantly discount the cost, of a new efficient heating system, heat pump water heater, insulation or other home improvements.

The following questions are intended to help determine how Energy Trust can support energy efficiency upgrades that could reduce your utility bills and make your home more comfortable.

Customer Information * required				
★ Name:		★ Date:		
★ Home Address:				
★ County:	Email:			
★ How did you hear about this offer?				
★ Participant Type : ☐ Homeowner ☐ Rente	er Rental Property Owner/I	Manager		
★ What type of residence do you live in?*: ☐ Single-family ☐ Manufactured home ☐ Duplex ☐ Triplex ☐ Fourplex ☐ Side-by-side townhome ☐ Other				
★ Which is your electric utility?: ☐ Portland General Electric ☐ Pacific Power ☐ Other				
★ Which is your gas utility?: ☐ NW Natural ☐ Cascade Natural Gas ☐ Avista ☐ None				
★ How do you heat your residence?: ☐ Electric Resistance Forced Air (Furnace) ☐ Electric Forced Air (Furnace) ☐ Natural Gas Forced Air (Furnace) ☐ Boiler	Resistance Zonal (Baseboard, Cadet, o	etc.)		
★ Does your current heating system work?	□ No			
What is the primary language(s) used in your household? (sel Arabic Chinese English Fren Mandarin Marshallese Russian Span Vietnamese Another Language	ch German Japar nish Tagalog Thai	nese		
Are you a military veteran?:	☐ No ☐ Prefer	not to answer		
Are you experiencing any disabilities?:	☐ No ☐ Prefer	not to answer		
F				
Energy Bill Payment Experience ★ Questions about energy burden are required.				
★ Approximately how much is your monthly electric bill payment in the winter?				
★ Approximately how much is your monthly electric bill payment in the <i>summer</i> ?				
Do you have any other energy costs? ☐ Yes ☐ No				
If yes, please list the estimated monthly costs of each below: Wood \$ / per month OR per year Oil \$ / per month OR per year Other: \$ / per month OR per year		/ per month OR per year / per month OR per year		

Form 310IES v2024.2 240909 Page 1 of 2

In-Home Energy Services





To be completed by Customer or Referral Organization representative on behalf of Customer

Property Owner/Manager Information (required if participant is a renter)				
Renters must contact their property owner/ manager prior to participating. Upon completion of this intake form, a participation agreement will be provided to the property owner/ manager and must be signed before an assessment may be completed.				
Property Owner/Manager Name:				
Contact Name (if other than property owner/ manager name):				
Email:	Phone:			
Income Verification ★ Questions about household income and full-time eligible for increased Energy Trust incentives.	e residents are required	to identify if you and you	ır household may be	
"Income" includes any income or funds you receive or	that is received by people	you count as living in your	r household.	
★ Household size (how many people?):				
★ Household's gross annual income:	OR Household's gross r	monthly income:		
Have you participated in any of the following programs in the last 3 years? Oregon Supplemental Nutrition Assistance Program (SNAP) Oregon Weatherization Assistance Program Oregon Utility Bill Payment Assistance Oregon Low-Income Household Water Assistance Program Oregon Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Discount Bill Rate Program (through your electric utility) Other:				
Additional Notes				
To Be Completed by Referral Organization (when applicable)				
By signing this Agreement, I certify that the information presented is true and accurate to the best of my knowledge.				
Staff Member Name:			Date:	
Signature		,		
Organization Name:	Staff Member Phone:	Staff Member Email:		
Would you like updates on the customer's project? Yes	□ No	1		

Form 310IES v2024.2 240909 Page 2 of 2

Submit questionnaire to lnHome@energytrust.org or via Fax to 1.866.516.7592