

DATA COLLECTION FORM

Comfort Home

Revised: June 2025



NYSERDA

APPOINTMENT INFORMATION

Assessment Analyst: _____ Assessment Date: _____ Assessment Time: _____

Contractor: _____

HOMEOWNER INFORMATION

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

FUEL INFORMATION

UTILITY INFORMATION*

Electric Utility: _____ Natural Gas Utility: _____

Primary Fuel Type: _____ Secondary Fuel Type: _____

*See Utility Release Form for more fields

ELECTRICAL SYSTEM INFORMATION

Existing Electrical Panel Type: _____ Electrical Panel Box Size (amps): _____

Existing Electrical Panel Details- Amps/Open Slots: _____

New Electrical Panel Details- Amps/Open Slots: _____ (if applicable)

ASSESSMENT QUESTIONNAIRE: EXISTING CONDITIONS

DWELLING INFORMATION

Dwelling Type: ☐ Single Family (1 Unit) ☐ 2-4 Family ☐ Manufactured/Mobile Home

Number of Units in Building: _____

Estimated Construction Era:

☐ Pre-1920 ☐ 1920s ☐ 1930s ☐ 1940s ☐ 1950s ☐ 1960s ☐ 1970s ☐ 1980s ☐ 1990s ☐ 2000s ☐ 2010s

Building Style : ☐ Ranch ☐ Cape Cod ☐ Colonial

Which walls are attached to other units or spaces? _____

Stories Above Grade: ☐ 1 ☐ 2 ☐ 3 Average Story Height (ft): _____ Number of Bedrooms: _____

Total Conditioned Space (sq ft): _____ Basement/Crawlspace Square Footage: _____

Existing Basement Type: ☐ Conditioned Basement ☐ Cold Unconditioned Basement
☐ Unvented Crawlspace ☐ Warm Unconditioned Space
☐ Vented Crawlspace ☐ Slab on Grade

Attached Garage: ☐ True ☐ False **Orientation Front of Home:** ☐ North ☐ South ☐ East ☐ West

Wind Exposure: ☐ Normal: Very heavy shielding, many large obstructions within one house height
☐ Exposed: Light local shielding with few obstructions within two house heights
☐ Well Shielded: Complete shielding, with large buildings immediately adjacent

Mold or moisture signs inside or outside the home? ☐ Yes ☐ No

What is the Drainage System Condition? ☐ Good ☐ Potential Issues

SHELL – AIR FILTRATION

Pre Work Blower Door Test Complete? ☐ Yes ☐ No

If Yes:

Pre Work Blower Door Test In CFM50 Actual: _____

If No:

Pre Work Estimated Air Leakage:
☐ Leaky ☐ Average ☐ Tight

Pre Work Blower Door Test Complete? ☐ Yes ☐ No

If Yes:

Pre Work Blower Door Test In CFM50 Actual: _____

If No:

Pre Work Estimated Air Leakage:
☐ Leaky ☐ Average ☐ Tight

CAZ TESTING

Does the Venting Test pass? ☐ Yes ☐ No

Does the Spillage Test(s) pass? ☐ Yes ☐ No

Does the Gas Leak Detection Test pass? ☐ Yes ☐ No

Does the Ambient CO Test pass? ☐ Yes ☐ No

Does the Undiluted CO Test pass? ☐ Yes ☐ No

SHELL – INSULATION

Existing Attic Type: ☐ Conditioned Attic ☐ Unvented Attic ☐ Vented Attic

Attic Hatch or Stair Air Sealed? ☐ Yes ☐ No ☐ No Hatch/Stairs **Attic hatch Insulation R-Value:** _____

Location of Existing Attic Insulation: ☐ Attic Roof ☐ Attic Floor

ATTIC ROOF

Attic Roof Deck Area (sq ft): _____ **Existing Roof Deck R Value:** _____

Attic Knee Wall Area (sq ft): _____ **Existing Attic Knee Wall R Value:** _____

ATTIC FLOOR

Attic Floor Area (sq ft): _____ Existing Attic Floor R Value: _____

Attic Gable Walls Area (sq ft): _____ Existing Attic Gable Walls R Value: _____

Floor over outside/unheated space: ☐ Yes ☐ No

If Yes – Cantilever Surface Area (sq ft): _____ Existing R-Value of Cantilever Floors: _____

Location Of Existing Foundation Insulation: ☐ None ☐ Ceiling Wall ☐ Foundation Wall

Total Area Foundation/Crawlspace Ceilings (sq ft): _____

Existing R-Value Foundation/Crawlspace Ceiling Ins: _____

Total Area of Foundation/Crawlspace Walls (sq ft): _____

Existing R-Value - Fnd/Crawlspace Walls Insulation: _____

Slab Edge R-Value: _____ Rim Band Insulation Level: ☐ Partial ☐ Full ☐ None

Exterior Above Grade Walls (sq ft w/o windows): _____ Exterior Walls – Insulation R-Value: _____

Wall Cavity Depth: ☐ 2x6 ☐ 2x4 Type of Wall Insulation: _____

Continuous Rigid Exterior Insulation R-Value: _____

SHELL – WINDOWS

Existing Window Type: ☐ Double-Pane ☐ Single-Pane Storm ☐ Single-Pane

Area Front Facing ENERGY STAR Windows (sq ft): _____

Area Back Facing ENERGY STAR Windows (sq ft): _____

Area Left Facing ENERGY STAR Windows (sq ft): _____

Area Right Facing ENERGY STAR Windows (sq ft): _____

Area Front Facing Non-ENERGY STAR Windows (sq ft): _____

Area Back Facing Non-ENERGY STAR Windows (sq ft): _____

Area Left Facing Non-ENERGY STAR Windows (sq ft): _____

Area Right Facing Non-ENERGY STAR Windows (sq ft): _____

Area Existing Skylights - Enter 0 if none (sq ft): _____

Total Area of Exterior Doors (sq ft): _____

Total Count of Windows & Skylights: _____

Predominant Type of Existing Skylight: ☐ Single-Pane ☐ Double-Pane ☐ Triple-Pane

Window has Exterior Solar Screen: _____

Dominant Type of Exterior Door:

- | | |
|---|--|
| <input type="checkbox"/> Metal Door w/ Fiberglass Core – No Storm | <input type="checkbox"/> Metal Door w/ Polystyrene Core – No Storm |
| <input type="checkbox"/> Metal Door w/ Paper Core – No Storm | <input type="checkbox"/> Wood or Metal Door With Storm |
| <input type="checkbox"/> Metal Door w/ Polyurethane Core – No Storm | <input type="checkbox"/> Wood Door – No Storm |

HVAC – PRIMARY HEATING & COOLING**Heating System Primary:**

- | | |
|--|---|
| <input type="checkbox"/> Central Furnace | <input type="checkbox"/> Wall Furnace |
| <input type="checkbox"/> Non-Condensing Boiler w/ Radiators | <input type="checkbox"/> MiniSplit Heat Pump |
| <input type="checkbox"/> Non-Condensing Boiler w/ Baseboards | <input type="checkbox"/> Single-Pane Storm |
| <input type="checkbox"/> Condensing Boiler w/ Baseboard | <input type="checkbox"/> Air Source Heat Pump |
| <input type="checkbox"/> Electric Baseboard | |

Primary Heating System Install Year: _____**Primary Cooling System:**

- | | |
|--|--|
| <input type="checkbox"/> Room Air Conditioner | <input type="checkbox"/> Air Source Heat Pump |
| <input type="checkbox"/> Central Air Conditioner | <input type="checkbox"/> Ground Source Heat Pump |
| <input type="checkbox"/> MiniSplit Heat Pump | <input type="checkbox"/> None |

Primary Cooling System Install Year: _____**Predominant Location of Duct Systems:** ☐ Crawlspace ☐ Basement ☐ Conditioned Space ☐ Attic**Insulation State of Duct Systems:** ☐ N/A ☐ Full Duct Insulation ☐ Partial Duct Insulation ☐ No Duct Insulation**Estimated Duct Leakage:** ☐ Partially Sealed ☐ Average Sealed ☐ Notably Sealed ☐ Extremely Sealed**Thermostat Schedule:** ☐ Htg Setbacks each evening only ☐ Htg Setbacks each evening and mid-day ☐ No Htg Setbacks**VENTILATION****Is there a Whole-House Ventilation System?** ☐ Yes ☐ No**Ventilation System Type:** ☐ Supply ☐ Exhaust ☐ Balanced ☐ CFIS ☐ ERV ☐ HRV**Ventilation System Rated Flow (CFM):** _____**WH – WATER HEATING****Hot Water Fuel Type:** ☐ Electric ☐ Natural Gas ☐ Oil ☐ Propane**Water Heating System (existing):** ☐ Heat Pump Water Heater ☐ Tankless ☐ Storage ☐ Indirect Boiler**Water Heater Location:** ☐ Unconditioned Space ☐ Conditioned Space**DWH System Installation Year:** ☐ Older than 2010 ☐ 2010 or Newer**Low Flow Hot Water Fixtures:** ☐ True ☐ False

Water Heater Storage Capacity (Gallons): _____ **Water Heater Efficiency (UEF):** _____

APPLIANCES – BULBS

% of Incandescent: _____ **% of CFL:** _____ **% of LED:** _____

APPLIANCES – APPLIANCE

Primary Refrigerator – Approximate Model Year: _____

Primary Refrigerator – Configuration:

☐ Top Freezer ☐ Bottom Freezer ☐ Side by Side ☐ French Door ☐ Four Door

Primary Refrigerator - Existing Volume: _____

Is the Primary Refrigerator ENERGY STAR/CEE Rated? ☐ Yes ☐ No

Dehumidifier Type: ☐ Stand Alone ☐ Whole House ☐ None **Dehumidifier Size:** _____

Is the Dehumidifier ENERGY STAR/CEE Rated? ☐ Yes ☐ No

Clothes Washer Type: _____ (Front Load or Top Load)

Clothes Dryer Type: ☐ Natural gas ☐ Propane ☐ Electric Resistance ☐ Electric Heat Pump (Ventless)

Stovetop/Oven/Range Type: ☐ Drop-in cooktop with standalone wall oven(s) ☐ Slide-in range/stove ☐ Other

Stovetop/Oven/Range Fuel Type: ☐ Natural Gas ☐ Propane ☐ Electricity

MEASURES

PACKAGE A – ATTIC & AIR SEALING

Package A Install Date: _____ Mechanical Ventilation Installed: ☐ Yes ☐ No

Ventilation Description: _____

Location of Improved Attic Insulation: ☐ Attic Roof ☐ Attic Floor Insulation ENERGY STAR Certified: ☐ Yes ☐ No

Attic Thermal Boundary Change? ☐ Yes ☐ No

Net Area of Attic Roof Decks Improved (sq. ft.): _____

Net Area of Roof Decks Meets Requirements (sq. ft.): _____

Net Area of Attic Gable Walls Improved (sq. ft.): _____

Area of Attic Gable Walls Meets Requirements (sq. ft.): _____

Area of Attic Gable Walls Will Not Meet Requirements (sq. ft.): _____

Total Area of Attic Knee Walls (sq. ft.): _____

Net Area of Attic Knee Walls Improved (sq. ft.): _____

Area of Attic Knee Walls Meets Requirements (sq. ft.): _____

Attic Knee Wall Improved Insulation R-Value: _____

Area of Attic Knee Walls Will Not Meet Requirements (sq. ft.): _____

Rim Joist Improved R-Value: _____

Area of Attic Floors Meets Requirements: _____

Attic Floor Improved Insulation R-Value: _____

Area of Attic Floors Will Not Meet Requirements: _____

R-Value of Attic Floors Will Not Meet Requirements: _____

Net Area of Attic Roof Decks Improved (sq. ft.): _____

COSTS

Insulation Labor Cost: _____ Insulation Material Cost: _____

Air Sealing Labor Cost: _____ Air Sealing Material Cost: _____

Alternate Funding: ☐ Utility ☐ WAP ☐ 3rd Party

Will the Customer Contribution be overridden? ☐ Yes ☐ No

Customer Contribution Override: _____

PACKAGE B – WALLS & FLOORS

Package A Install Date: _____ Package B Install Date: _____

Mechanical Ventilation Installed: ☐ Yes ☐ No

Ventilation Description: _____

Area Cantilever Floors Meets Requirements: _____

Cantilever Surface Area Improved (sq. ft.): _____

Cantilever Floors Improved Insulation R-Value: _____

Area Cantilever Floors Will Not Meet Requirements: _____

R-Value of Cantilever Floors Will Not Meet Requirements: _____

Location of Improved Foundation Insulation: ☐ Foundation Ceiling ☐ Foundation Wall

Basement/Crawlspace Ins Improvement Type: _____

☐ Insulate Ceiling of Cold Basement ☐ Insulate Ceiling of Vented Crawlspace ☐ Not Upgraded

Area of Foundation Ceiling Meets Requirements: _____

Foundation Ceiling Total Net Area (sq. ft.): _____

Foundation Ceiling Area Improved (sq. ft.): _____

Foundation Ceiling Improved Insulation R-Value: _____

Area of Foundation Ceiling Will Not Meet Requirements: _____

R-Value of Foundation Ceiling Will Not Meet Requirements: _____

Area of Exterior Above Grade Walls Meets Requirements (sq ft excluding windows): _____

Exterior Above Grade Walls Improved (sq ft excluding windows): _____

Exterior Above Grade Walls Improved Insulation R-Value: _____

Exterior Above Grade Walls Improved Insulation R-Value: _____

R-Value of Exterior Above Grade Walls Will Not Meet Requirements: _____

COSTS

Labor Cost: _____ Material Cost: _____

Alternate Funding: ☐ Utility ☐ WAP ☐ 3rd Party

Will the Customer Contribution be overridden? ☐ Yes ☐ No

Customer Contribution Override: _____

PACKAGE C – WINDOWS

Package A Install Date: _____ Package B Install Date: _____

Package C Install Date: _____

Mechanical Ventilation Installed: ☐ Yes ☐ No

Ventilation Description: _____

Window type that will be improved: ☐ Double-Pane ☐ Single-Pane ☐ Single-Pane Plus Storm

Window Improvement Type: ☐ Storm Windows ☐ Replacement Windows

STORM WINDOWS

Front Window Area (sq. ft.): _____

Front Window Storm Window Glass Type: ☐ Low-E Interior ☐ Low-E Exterior ☐ None

Total Window Improved Area - Front (sq. ft.): _____

Back Window Storm Window Glass Type: ☐ Low-E Interior ☐ Low-E Exterior ☐ None

Total Window Improved Area - Back (sq. ft.): _____

Left Window Storm Window Glass Type: ☐ Low-E Interior ☐ Low-E Exterior ☐ None

Total Window Improved Area - Left (sq. ft.): _____

Right Window Storm Window Glass Type: ☐ Low-E Interior ☐ Low-E Exterior ☐ None

Total Window Improved Area - East (sq. ft.): _____

REPLACEMENT WINDOWS

Front Window Area (sq. ft.): _____

Front Window New SHGC (Predominant): _____

Front Window New U-Value (Predominant): _____

Number of Front Windows Replaced: _____

Total Window Improved Area - Front (sq. ft.): _____

Back Window New SHGC: _____

Back Window New U-Value: _____

Number of Back Windows Replaced: _____

Total Window Improved Area - Back (sq. ft.): _____

Left Window New SHGC: _____

Left Window New U-Value: _____

Number of Left Windows Replaced: _____

Total Window Improved Area - Left (sq. ft.): _____

Right Window New SHGC: _____

Right Window New U-Value: _____

Number of Right Windows Replaced: _____

Total Window Improved Area - East (sq. ft.): _____

COSTS

Labor Cost: _____ **Material Cost:** _____

Alternate Funding: ☐ Utility ☐ WAP ☐ 3rd Party

Will the Customer Contribution be overridden? ☐ Yes ☐ No

Customer Contribution Override: _____

