

## DATA COLLECTION FORM

# Comfort Home

Revised: August 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): \_\_\_\_\_

### 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

<p><u><b>If Yes:</b></u></p> <p><b>Pre Work Blower Door Test In CFM50 Actual:</b> _____</p>	<p><u><b>If No:</b></u></p> <p><b>Pre Work Estimated Air Leakage:</b>  <input type="checkbox"/> Leaky <input type="checkbox"/> Average <input type="checkbox"/> Tight</p>
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**Pre Work Blower Door Test Complete?** ☐ Yes ☐ No

<p><u><b>If Yes:</b></u></p> <p><b>Pre Work Blower Door Test In CFM50 Actual:</b> _____</p>	<p><u><b>If No:</b></u></p> <p><b>Pre Work Estimated Air Leakage:</b>  <input type="checkbox"/> Leaky <input type="checkbox"/> Average <input type="checkbox"/> Tight</p>
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### **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: \_\_\_\_\_

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: \_\_\_\_\_

### **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): \_\_\_\_\_

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

Dominant Type of Exterior Door:

☐ Metal Door w/ Fiberglass Core – No Storm

☐ Metal Door w/ Polystyrene Core – No Storm

☐ Metal Door w/ Paper Core – No Storm

☐ Wood or Metal Door With Storm

☐ Metal Door w/ Polyurethane Core – No  
Storm

☐ 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

**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

## MEASURES

### PACKAGE A – ATTIC & AIR SEALING

Package A Install Date: \_\_\_\_\_

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

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

Total Package A Cost: \_\_\_\_\_

Alternate Funding: \_\_\_\_\_

## PACKAGE B – WALLS & FLOORS

Package B Install Date: \_\_\_\_\_

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

Total Package B Cost: \_\_\_\_\_

Alternate Funding: \_\_\_\_\_

## PACKAGE C – WINDOWS

Package C Install Date: \_\_\_\_\_

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**

**Total Package C Cost: \_\_\_\_\_**

**Alternate Funding: \_\_\_\_\_**

