



**LIWP DWELLING ASSESSMENT FORM**

**Section 1: Contractor Information**

Contractor Name:					
Assessor Printed Name:		Signature:		Date:	
Time In:		Time Out:			

**Section 2: Client/Dwelling Information**

Client Name:	Client is: <input type="checkbox"/> Owner <input type="checkbox"/> Renter	Job Number:
Address:		
City:		Zip:
Phone1: ( )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone2: ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Dwelling Type:	<input type="checkbox"/> SFD • <input type="checkbox"/> Mobile	Year Home Built (Attach Documentation):
Sq Ft:	# Stories:	CEC Climate Zone: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

**Section 3: Identification of Environmental Factors**

Deferral	Does home require a deferral? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, STOP.</i>
Lead-Safe Practices	Is home "certified" lead free? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an EPA Renovator required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Audit:	Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l. Field Forms Attached: <input type="checkbox"/> CASIF <input type="checkbox"/> Duct Leakage <input type="checkbox"/> Energy Audit Report

**Section 4: Building Layout**

	<p>Legend:</p> <ul style="list-style-type: none"> <li>AA = Attic Access</li> <li>BD = Back Door</li> <li>BW = Broken Window</li> <li>CA = Crawlspace Access</li> <li>DT = Ducts</li> <li>EV = Eave Vent</li> <li>EV = Eyebrow Vent</li> <li>FV = Foundation Vent</li> <li>FD = Front Door</li> <li>GV = Gable Vent</li> <li>GD = Garage Door</li> <li>HS = Heat Source</li> <li>RT = Return</li> <li>RJ = Roof Jack</li> <li>SE = Side Entrance</li> <li>SD = Sliding Door</li> <li>TV = Turbine Vent</li> <li>WH = Water Heater</li> <li>WF = Wall Furnace</li> <li>FF = Floor Furnace</li> <li>FAU = Forced Air Unit</li> </ul>
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**Section 5: Primary Heat Source**

Heating Type:	Eligible for Unit Replacement: <input type="checkbox"/> Split System FAU • <input type="checkbox"/> Package Unit FAU	<input type="checkbox"/> Floor Furnace • <input type="checkbox"/> Interior Wall Furnace • <input type="checkbox"/> Exterior Wall Direct Vent • <input type="checkbox"/> Wood Fueled Appliance • <input type="checkbox"/> No Heating • <input type="checkbox"/> Other:			
Heat Fuel:	<input type="checkbox"/> Natural Gas • <input type="checkbox"/> Propane (LP-Gas) • <input type="checkbox"/> Electric • <input type="checkbox"/> Wood • <input type="checkbox"/> Fuel Oil • <input type="checkbox"/> Kerosene • <input type="checkbox"/> No Primary Heating • <input type="checkbox"/> Other:				
Audit-Calculated SIR:					
Is Replacement Feasible? <input type="checkbox"/> Yes (If "Yes", Photos Required of Manufacturer's Label) <input type="checkbox"/> No If no, why not?					
If yes, provide:	Mfr. Date	Brand	Model #	Filter Dimensions	Capacity
Existing				L_____ x W_____	kBtuh
Required load calculation method used, per State law: <input type="checkbox"/> ACCA Manual J <input type="checkbox"/> Other: <span style="float:right">Attach Documentation</span>					
Additional CVA Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Materials Needed:				
Notes on Heating System:					
<input type="checkbox"/> Synchronized HVAC System.					

**Section 6: Primary Cooling Source**

Cooling Type:	Eligible for Unit Replacement: <input type="checkbox"/> Central AC (Package) • <input type="checkbox"/> Central AC (Split)	<input type="checkbox"/> Window AC • <input type="checkbox"/> Wall AC • <input type="checkbox"/> Heat Pump (or Mini-Split) • <input type="checkbox"/> No Cooling <input type="checkbox"/> Central Evap Cooler • <input type="checkbox"/> Window/Wall Evap Cooler • <input type="checkbox"/> Other:			
Audit-Calculated SIR:					
Is Replacement Feasible? <input type="checkbox"/> Yes (If "Yes", Photos Required of Manufacturers Label) <input type="checkbox"/> No If no, why not?					
If yes, provide:	Mfr. Date	Brand	Model #	Filter Dimensions	Capacity
Existing				L_____ x W_____	Tons
Required load calculation method used, per State law: <input type="checkbox"/> ACCA Manual J <input type="checkbox"/> Other: <span style="float:right">Attach Documentation</span>					
ECM Replacement Blower Motor	Is dwelling in climate zone 9-15? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Central A/C have an existing direct drive Permanent Split Capacity (PSC) blower motor? <input type="checkbox"/> Yes <input type="checkbox"/> No Is an ECM replacement blower motor feasible? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Enhanced Time Delay Relay	Is dwelling in climate zone 4 or 8-16? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Central A/C have a 24 VAC thermostat and blower control? <input type="checkbox"/> Yes <input type="checkbox"/> No Is an ETDR feasible? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Refrigerant Charge and Coil Cleaning	Central AC unit operable? <input type="checkbox"/> Yes <input type="checkbox"/> No • Unit coil accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Condition of unit/outside coil? _____ Type of Expansion Valve Present: <input type="checkbox"/> TXV <input type="checkbox"/> Fixed Orifice <input type="checkbox"/> Capillary Tube				
Notes on Cooling System:					
<input type="checkbox"/> Synchronized HVAC System.					



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**Section 7: Primary Water Heater**

Water Heater Type:	Eligible for Unit Replacement:	<input type="checkbox"/> On-Demand/Tankless • <input type="checkbox"/> Heat Pump • <input type="checkbox"/> Ground Source Heat Pump •		
	<input type="checkbox"/> Conventional Storage	<input type="checkbox"/> Integrated • <input type="checkbox"/> Solar WH <input type="checkbox"/> No Water Heater • <input type="checkbox"/> Other:		
Water Heater Fuel:	<input type="checkbox"/> Natural Gas • <input type="checkbox"/> Electric • <input type="checkbox"/> Propane • <input type="checkbox"/> Wood • <input type="checkbox"/> Fuel Oil • <input type="checkbox"/> Kerosene • <input type="checkbox"/> None • <input type="checkbox"/> Other			
Audit-Calculated SIR:				
Is Replacement Feasible? <input type="checkbox"/> Yes (If "Yes", Photos Required of Manufacturer's Label) <input type="checkbox"/> No				
If no, why not?				
If yes, provide:	Mfr. Date	Brand	Model #	Capacity
Existing				Tons
Additional CVA Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Materials Needed:			
Notes on Water Heater Replacement:				

**Section 8: Alarms and Toilets: (When Required by Local Jurisdiction for Heating, Cooling, or Other Local Permit)**

<b>Alarms</b>				
CO Alarm	Estimate Qty. Needed: _____ or N/A	Location		
Smoke Alarm	Estimate Qty. Needed: _____ or N/A	Location		
<b>Toilet, Low Flow</b>	<b>Manufacture Date</b>	<b>Gallons-Per-Flush</b>	<b>Method</b>	<b>Calculations &amp; Damage Descriptions (Use Back if Necessary)</b>
Bathroom 1 <input type="checkbox"/> Not structurally feasible			<input type="checkbox"/> Labeled <input type="checkbox"/> Tested	Existing toilet gpf _____ - New toilet gpf _____ = _____gpf reduction
Bathroom 2 <input type="checkbox"/> Not structurally feasible			<input type="checkbox"/> Labeled <input type="checkbox"/> Tested	Existing toilet gpf _____ - New toilet gpf _____ = _____gpf reduction
Bathroom 3 <input type="checkbox"/> Not structurally feasible			<input type="checkbox"/> Labeled <input type="checkbox"/> Tested	Existing toilet gpf _____ - New toilet gpf _____ = _____gpf reduction
Notes on Alarm(s) and Toilet Replacement:				

**Section 9: Infiltration Reduction Feasibility**

CAS Hazards (Refer to CSD CAS Protocol)	Has a CAS Hazard been identified that is <u>not</u> correctable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client given written permission for the appliance to be abandoned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos (Refer to CSD General Installation Guidelines)	Is presumed ACM present? <input type="checkbox"/> Yes <input type="checkbox"/> No Level of Material(s)? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Type/Location(s) ACM:
Notes on Environmental Hazards Present:		

Does an uncorrectable combustion appliance or indoor air quality hazard make infiltration-reduction measures not feasible?  Yes  No\*  
\*If Yes, provide justification based on one or more reasons above. [Must be "No" to install any Infiltration Reduction measures.]



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**Section 10: Duct Repair / Sealing / Replacement**

Is Potential Asbestos-Containing Material Present?  Yes  No

Location	Type	Location	Condition	Materials Needed
Catastrophic Leaks				
Thermal Bypasses				
Supply Plenum				
Registers/Boots				
Ducts				
M/H Belly Return				
M/H Duct Connector				
M/H Crossover				

Notes on Duct Repair/Sealing/Replacement:

**Section 11: Infiltration Reduction—Shell Sealing**

(Catastrophic Leaks Require Photo Documentation and Calculations)

Catastrophic Leaks	Present?	Size?	Description / Location
	Y N		
	Y N		
Thermal Bypasses	Present?	Size?	Description / Location
	Y N		
	Y N		
Caulking	Needed?	Qty. Needed	Description / Location
Interior	Y N	LF	
Exterior	Y N	Tubes	
Minor Envelope Repair:	Needed?	Qty. Needed	Description / Location
Ceilings	Y N	# Patches: _____	
Walls	Y N	# Patches: _____	
Floors	Y N	# Patches: _____	
Damper	Y N	<input type="checkbox"/> Range hood <input type="checkbox"/> Fireplace	
Other Weatherstripping	Needed?	Qty. Needed	Description / Location
Access Cover(s)	Y N		
Window(s)	Y N		
Vent Covers - Interior	Needed?	Qty. Needed	Description / Location
Cover Plate Gaskets	Y N	#	
Other:			

Notes on Shell Sealing:



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**Section 12: Infiltration Reduction—Windows & Doors**

*(Catastrophic Leaks Require Photo Documentation and Calculations)*

Window & Glass Replacement <input type="checkbox"/> Catastrophic Leakage (C) <input type="checkbox"/> Energy Efficiency Upgrade (EEU)		Type	Measurement	Location
Window #1	Existing			
Window #2	Existing			
Window #3	Existing			
Window #4	Existing			
Window #5	Existing			
Window #6	Existing			
Window #7	Existing			
Window #8	Existing			
Window #9	Existing			
Window #10	Existing			
Window #11	Existing			
Sliding Glass Door	Existing			
<b>Doors (Exterior):</b>	<b>Door #1</b>	<b>Door #2</b>	<b>Door #3</b>	
<b>Material</b> SC = Solid Core HC = Hollow Core M = Metal	Location: SC • HC • M	Location: SC • HC • M	Location: SC • HC • M	
<b>B-Blank, P-Prehung • H-Hinge L/R</b>	B • P • HL • HR	B • P • HL • HR	B • P • HL • HR	
<b>Size Spec'd (inches W x H x D)</b>	_____ x _____ x _____	_____ x _____ x _____	_____ x _____ x _____	
<b>Size Used (inches)</b>	_____ x _____ x _____	_____ x _____ x _____	_____ x _____ x _____	
<b>Wood</b>	<b>Est Qty.</b>	<b>Est Qty.</b>	<b>Est Qty.</b>	
Jamb				
Stop				
Trim				
<b>Hardware</b>	<b>Est Quantity &amp; Finish</b>	<b>Est Quantity &amp; Finish</b>	<b>Est Quantity &amp; Finish</b>	
Deadbolt				
Hinges: 3½" or 4"				
Lockset				
Strike Plate				
Other				
<b>Door Bottoms:</b> M-Mill, B-Bronze	M B	M B	M B	
<b>Shoe:</b> U-Shaped, L-Shaped	U L	U L	U L	
<b>Sweep:</b> S-Standard, A-Auto	S A	S A	S A	
<b>Threshold Height:</b>	_____ in.	_____ in.	_____ in.	
S-Saddle, B-Bumper	S B	S B	S B	
<b>Door Weatherstripping:</b> Y N	<b>Type &amp; Color</b>	<b>Type &amp; Color</b>	<b>Type &amp; Color</b>	
Rigid:				
Flexible:				
<i>Notes on Windows &amp; Doors:</i>				



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**Section 13: Insulations & Attic / Crawlspace Ventilation**

<b>Knob-and-Tube (K&amp;T) Wiring</b>		Insulation is: <input type="checkbox"/> Feasible <input type="checkbox"/> Not Feasible
Is K&T wiring present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where? <input type="checkbox"/> Attic <input type="checkbox"/> Walls <input type="checkbox"/> Floor	If K&T wiring is present, is the wiring: <input type="checkbox"/> Abandoned <input type="checkbox"/> Energized
K&T wiring will be: <input type="checkbox"/> Encapsulated <input type="checkbox"/> Blocked & Not Encapsulated		Can a C-10 Notice of Electrical Survey be obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Insulation Area Details**  
 Joist size/spacing safe?  Yes  No • Hazardous materials present?  Yes  No • Blocking missing around HPDs?  Yes  No •  
 Accesses blocked?  Yes  Required • Accesses insulated?  Yes  Required

Insulation	Ceiling 1	Ceiling 2	Kneewall	Floor	Wall	Notes on Insulation:	
Insulation "Type": BFG = Blown Fiberglass • CEL = Cellulose • FGB = Fiberglass Batt • RW = Rockwool • VER=Vermiculite							
Existing	Sq. Ft.						
	R-Value						
	Type						
Needed	Sq. Ft./#Bags						
	R-Value	R-	R-	R-	R-		
	Type						

Attic Venting	Upper NFVA	Lower NFVA	Notes on Attic Venting:	Foundation Venting NFVA		
Required		SF		SF	Existing	SF
Existing	# & Type	SF		SF	Needed	SF
	NFVA	SF		SF	Notes on Foundation Venting:	
	Location	SF		SF		
Needed	# & Type	SF	SF			
	NFVA	SF	SF			
	Location	SF	SF			

**Section 14: Electric Baseload Measures**

Measure	Qty Needed	Description / Location / Comments
Ceiling Fan with Light Kit	#	Location: _____ Model: _____ Size: _____ Location: _____ Model: _____ Size: _____
LED Night-Light	#	Locations: _____
LED Bulbs	#	# ___ Cluster Lighting, # ___ Others, Locations: _____
Vacancy Sensor	#	Locations: _____
Power Strip, Tier 2 Advanced	#	Locations: _____
Refrigerator Replacement	Who owns refrigerator #1?: <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> Other (Rental/Loaner does <u>not</u> qualify)	
Is Outlet Ok & Grounded? Y N • Access & Floor Ok? Y N • Size: ___CF • Freezer: Top Bottom Side • Photos Required of Manuf. Label Year Mfd: _____ • Brand: _____ • Model: _____ • Serial No.: _____		
New: Size: _____ CF • Hinge: L R • Color: _____ • Max Ht: _____" Width: _____" • Freezer: <input type="checkbox"/> Top <input type="checkbox"/> Bottom		

Notes on Electric Baseload Measures:

*For extra Baseload Measures to be replaced, add page.*



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**Section 15: Additional Measures**

Measure	Qty. Needed	Description / Location / Comments	
Faucet Aerators	#	Locations: _____ <input type="checkbox"/> Adapter Qty. _____	
Hot Water Flow Restrictors	Low-Flow Showerhead	#	Locations: _____ <input type="checkbox"/> Adapter Needed : _____
	Low-Flow, Hand-held	#	Locations: _____ <input type="checkbox"/> Adapter Needed : _____
	Thermostatic Shower Valve	#	Locations: _____ <input type="checkbox"/> Adapter Needed : _____
	Thermostatic Shower Valve & Showerhead combo	#	Locations: _____ <input type="checkbox"/> Adapter Needed : _____
Smart Thermostat	#	Locations: _____	
Water Heater Blanket	#	#1: ____ Gal., Gas Electric #2: ____ Gal., Gas Electric	Details:
Whole House Fan	Is joist spacing adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No • Hazardous materials present? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is an electrical circuit available? <input type="checkbox"/> Yes <input type="checkbox"/> No Can wires be dropped down an inside wall? <input type="checkbox"/> Yes <input type="checkbox"/> No • Is enlargement of attic ventilation NFVA feasible? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes on Additional Measures:

**Section 16: Solar Measures (Solar PV and Solar Water Heating) Pre-Qualification**

Basic Dwelling Qualifications	
Utility service gas account number: _____	Gas meter number: _____
Utility service electric account number: _____	Electric meter number: _____
Is this a SINGLE FAMILY, SINGLE STORY HOME?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the home a COMPOSITION ASPHALT ROOF?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the roof structurally sound for installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does there appear to be enough space for the collector system on the most: <u>South</u> -facing roof for solar thermal? <u>South</u> or <u>West</u> -facing roof for solar PV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Solar Water Heater Only:</b> Is the current water heater's fuel source NATURAL GAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Solar Water Heater Only:</b> Is there space for solar storage and drainback tanks near the existing water heater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Solar PV Only:</b> Have 12 months of utility bills been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Solar PV Only:</b> What is the total kWh for the past 12 months?	_____ kWh

All answers must be "YES" to continue to Quick Solar Qualification. If any answer is "NO", do not continue.

Quick Solar Qualification			
Is there good solar access (little shading)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" do not continue)	Tilt: _____ Degrees Recommended 1 – 29 degrees to continue	True Azimuth: _____ Degrees Recommended 90 – 269 degrees to continue
Are the rooflines <u>South</u> or <u>West</u> facing?	<input type="checkbox"/> South <input type="checkbox"/> West	What is the usable roof area in square feet? _____ sq. ft.	What is the roof height above ground? _____ ft.

Client Education and Pre-Acceptance	
Has the client agreed initially to the installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes on Roofs:



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#### Roof Drawing for Solar PV and Solar Water Heating

Please provide a drawing of the home's footprint.

Include collector location(s) with measurements to the closest corner, roof jacks and roof ridgeline. Specify existing water heater location, solar storage tank, etc.

A large grid area for drawing the home's footprint and solar collector locations. The grid is composed of small squares and covers most of the page below the instructions.



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**Solar Photovoltaic Only**

What is service panel size?	<input type="checkbox"/> 100A <input type="checkbox"/> 200A	Does service panel need to be upgraded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Installed PV System Information ↓</b>			
Who is the module manufacturer?	_____	What is the module model?	_____
What is the DC system size?	_____ kW	What is the annual PV production?	_____ kWh
Who is the inverter manufacturer?	_____	What is the inverter Model?	_____
Number of Inverters	_____	Inverter efficiency %	_____ %
Number of series modules in each string?	_____	Number of parallel strings per inverter?	_____
What is the mounting type?	<input type="checkbox"/> BIPV <input type="checkbox"/> Rack Mount	Is standoff height greater than 3.5"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the annual TDV kBTu?	_____	What is the system Loss(es)	_____ %
What is the DC to AC size ratio?	_____	What is the ground coverage ratio	_____
What is the annual system degradation?	_____ %	What is the array type?	<input type="checkbox"/> Fixed Roof <input type="checkbox"/> Fixed Open Rack
What is the module type?	<input type="checkbox"/> Standard <input type="checkbox"/> Premium <input type="checkbox"/> Thin Film		
Notes on Solar PV:			

**Solar Water Heating Only**

<b>Solar Water Heating Site Installation Assessment</b>			
Where is the existing water heater located:	<input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Laundry <input type="checkbox"/> Other:	Size of existing water heater?	_____ Gallons
Is the existing water heater accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there enough space to install either 23" wide solar tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which tank(s) will fit? <i>With DB Tank on Top: 80-gallon tank is 88" tall (70" without) and 60-gallon tank is 70" tall (52" without).</i>	<input type="checkbox"/> 80-gal. <input type="checkbox"/> 60-gal.		
Water heater stand or shelf required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the available 110v outlet:	1 - Grounded or GFCI? <input type="checkbox"/> Yes <input type="checkbox"/> No	2 - In good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can both drain pans and all 3 pressure relief valves drain to a code-approved location?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a clear path from the top of the solar storage tank to the attic?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All answers in the Section above must be "YES" to continue.			
<b>Attic Assessment</b>			
Is the attic accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the path from the roof penetrations to the storage tank location clear of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can the attic solar loop piping be installed to maintain a continuous minimum ¼" per foot slope from the roof jacks back to the drainback tank without any ups and downs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All answers in the Section above must be "YES" to continue.			
<b>Roof Assessment</b>			
How many asphalt shingle roofing layers are there? (If 2 or 3, include the Reroof Overlay Letter with the permit package)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Is there enough roof space for one or both sizes of collectors and all associated hardware? Space on the Roof Required: 80-gallon tank: 10'x10' • 60-gallon tank: 7' high x 10' wide	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All answers in the Section above must be "YES" to continue.			
Which collector system will fit?	<input type="checkbox"/> 8-foot <input type="checkbox"/> 5-foot		
The larger system is called the AET 64SF and the smaller is the AET 41SF. Which system will be installed?	<input type="checkbox"/> AET 64SF <input type="checkbox"/> AET 41SF		
<b>CSI Incentive Data (confirmed by Supervisor) ↓</b>			
True Azimuth: _____ Degrees	Tilt: _____ Degrees	Window Access (10am-3pm): _____ Percent <i>(Annual Average Access on ICF)</i>	
<b>Attached Forms:</b> <input type="checkbox"/> Customer has initialed the "Review of items to be signed" form <input type="checkbox"/> Customer had signed the SDG&E Authorization (if applicable)			
Notes on SWH:			



**Section 18: Acceptance of Eligible LIWP Services**

**Homeowner/Landlord Acceptance of Services:**

I, (print name) \_\_\_\_\_, the undersigned, *understand* and *agree* to the following provisions:

- a. The actual work performed may vary slightly from the original assessment after work commences, due to discovery of unforeseen circumstances, such as the following: a measure turns out to be unfeasible, safety issues arise, funding changes occur, or other pertinent factors evolve. Should this happen, the Contractor will explain why changes are necessary and what my options are, before work is continued.
- b. These services are free of charge to the owner (and tenant, if a rental). Installation of any of these measures requires removal from the premises and proper disposal of the old measures that are replaced (Exception: electrical power strip, retained by client/owner only upon request).
- c. If the dwelling is a rental, the tenants shall agree that any installed items owned by the Landlord and qualifying for installation, shall remain in the dwelling when they move out.
- d.  I hereby agree to allow all work described herein to be performed, or  I decline installation of the following measure(s):

1.	2.
3.	4.

e. I further agree to allow all installed measures to be inspected and checked by the Agency and a State third party inspection entity upon request. \_\_\_\_\_ (Initial)

I am the  Owner,  Agent • Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tenant Acknowledgement:**

Not applicable

I/we, (print names) \_\_\_\_\_, the undersigned tenant(s), understand that any of the following items that are installed by the weatherization program in my rental unit that belongs to the Landlord and shall remain in the dwelling when I/we move out.

I further agree to allow all installed measures to be inspected and checked by the Agency and a State third party inspection entity upon request. \_\_\_\_\_ (Initial)

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_